

Case Number:	CM14-0040459		
Date Assigned:	07/07/2014	Date of Injury:	01/27/1995
Decision Date:	08/21/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiologist and Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old male who reported an injury on 01/27/1995. The mechanism of injury was noted to be a slip and fall incident. Medications are noted for treatment. His diagnoses were noted to be chronic bilateral shoulder pain, chronic bilateral hip pain, psoriasis, palpable psoriatic arthritis, bilateral TMJ syndrome, and status post falling off a ladder. A Primary Treating Physician's Progress Report dated 04/01/2014 notes the injured worker with shoulder and hip pain bilaterally. The injured worker also continued to complain of headaches noting they were severe and daily. The objective findings noted right shoulder was 100 degrees with abduction, 30 degrees with extension, 100 degrees with flexion, and 110 degrees with abduction. Extension was 30 degrees. Flexion was 100 degrees in the left shoulder. There was no tenderness of the shoulders. There was no trochanteric tenderness. The treatment plan was for refills of medications. The provider's rationale for the request was not provided within the documentation. It was only noted in the treatment plan that the medication Cimetidine is to be given 800 mg once a day. A request for authorization for medical treatment was not provided for this medication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cimetidine 800MG Daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Treatment Index 12th Edition (Web) 2014, Pain: Insomnia treatment, Pain, Glucosamine: Mental Health, Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com drug index.

Decision rationale: RxList drug index indicates the medication Cimetidine or Tagamet is indicated for short term treatment of active duodenal ulcer. In addition, it is used for maintenance therapy for duodenal ulcer patients at a reduced dosage after healing of active ulcer. This medication may be used for short term treatment of an active benign gastric ulcer. Tagamet may be indicated for erosive gastroesophageal reflux disease. Treatment is indicated for 12 weeks for healing of lesions and control of symptoms. The use of Tagamet beyond 12 weeks has not been established. According to the injured worker's clinical documentation it is not noted that the injured worker has objective gastrointestinal events such as bleeding ulcers. According to the indications for the medication's use, it is not medically necessary. Therefore, the request for Cimetidine 800 mg daily is not medically necessary.