

<b>Case Number:</b>	CM14-0042800		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 39-year-old male who was injured on February 3, 2009. The patient continued to experience pain in his left knee and back. Physical examination was notable for trigger points in the lumbosacral spine and antalgic gait. Diagnoses included left knee sprain/strain and spinal enthesopathy. Treatment included physical therapy and medications. Request for authorization for Pepcid 20 mg # 30 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PEPCID 20MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC LOW BACK PAIN Page(s): 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Guidelines from The Medical Letter, April 1, 2014 (Issue 140): Drugs for Peptic Ulcer Disease and GERD.

**Decision rationale:** Pepcid is famotidine, an H<sub>2</sub>-receptor antagonist. It is indicated for the treatment of peptic ulcer disease and been shown to prevent NSAID-related gastric ulcers in high doses. In this case the patient did not have diagnosis of ulcer disease. The patient was not taking a non-steroidal anti-inflammatory drug (NSAID). Medical necessity has not been established. Therefore, the request for Pepcid 20 mg # 30 is not medically necessary and appropriate.

