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| Case Number: | CM14-0050405 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 08/28/1999 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 Occupational Medicine, and is licensed to practice in California. 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 claimant was injured on 08/28/99 and Pepcid has been requested and is under review. He has low back pain and on 09/03/13 it was shooting to both legs. He was advised to take medications as needed. On 01/03/14, PT and chiropractic treatment were ordered. He saw [REDACTED] and he has had other injuries and medical problems. He was using Norco, Valium, and ibuprofen for his pain with benefit. There was no mention of Pepcid and no mention of gastrointestinal problems. There were no GI complaints. Physical examination of the abdomen was unremarkable. He was to continue his medications including ibuprofen. On 02/04/14, Pepcid was ordered once daily because of GERD complaints. On 02/14/14, he saw a neck nurse practitioner, [REDACTED] or for low back and bilateral leg pain. There were no GI complaints. He denied any new symptoms. GI examination was unremarkable. Famotidine was ordered again on 03/06/14. On that date he reported pain in his back and numbness of the entire left foot. There were no GI complaints. Examination did not include the abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 40mg #30 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for Pepcid 40 mg #30 with 3 refills at this time. The CA MTUS state on p. 102 re: PPIs "Determine if the patient is at risk for gastrointestinal events: (1) Age > 65 years; (2) History of peptic ulcer, GI bleeding or perforation; (3) Concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) High dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g. ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent." The MTUS also recommend "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication; (2) Determine the potential benefits and adverse effects; (3) Determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. The medical necessity of this request has not been clearly demonstrated. The request is not medically necessary and appropriate.