

<b>Case Number:</b>	CM14-0055019		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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:

This is a 36-year-old male patient with an 8/23/12 date of injury. He injured himself when a heavy object lost balance and fell forcefully across the posterior aspect of his neck and shoulder. A progress report dated on 6/18/14 indicated that the patient complained of neck and left shoulder pain, 6-7/10. Ultram helped to reduce pain to 4-5/10 in the past. Later he started to add Ibuprofen to his treatment regimen with the same result. The patient continued to have heartburn from medication and started to use Pepcid. Physical exam revealed tenderness over the left trapezius muscle. He was diagnosed with Chronic left shoulder pain due to rotator cuff tendonitis and Cervical sprain. Treatment to date: medication management and physical therapy. There is documentation of a previous 4/7/14 adverse determination, based on the fact that there was no evidence of GI symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pepcid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pepcid).

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Pepcid is indicated for the short-term treatment of active duodenal ulcer (endoscopically or radiographically confirmed); maintenance of healing and reduction in recurrence of duodenal ulcer; pathologic GI Hypersecretory Conditions; treatment of Zollinger-Ellison syndrome, multiple endocrine adenomas; short-term treatment of active benign gastric ulcer; gastroesophageal Reflux (GERD); short-term treatment of symptomatic GERD; short-term treatment of esophagitis, including erosions or ulcers (endoscopically diagnosed) in patients with GERD; self-medication as initial therapy for less severe symptomatic GERD; short-term self-medication for relief of heartburn symptoms; and short-term self-medication for prevention of heartburn symptoms associated with acid indigestion and sour stomach brought on by ingestion of certain foods and beverages. The patient presented with the pain in his neck and left shoulder. It was noted that the patient had heartburn due to medication. However, there was documentation supporting the use of Prilosec. In addition, guidelines recommended use of Pepcid for short term treatment. The exact quantity of medication or the duration of treatment was also not specified in this request. Therefore, the request for Pepcid is not medically necessary.