

Case Number:	CM14-0059192		
Date Assigned:	07/09/2014	Date of Injury:	07/29/2012
Decision Date:	09/03/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/29/2014

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:

Patient is a 39-year-old female with date of injury 07/29/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/11/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with spasm. Range of motion was restricted in all planes. Foraminal compression test was positive bilaterally. Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with spasm. Straight leg test was positive bilaterally and Kemp's test was positive on the right. Diagnosis: 1. Cervical spine myoligamentous injury 2. Lumbar spine herniated nucleus pulposus 3. Secondary sleep deprivation. An MRI of the cervical spine performed on 08/16/2012 was positive for multilevel disc herniation of up to 2mm with nerve impingement and loss of intervertebral disc height. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medication: 1. Famotidine Tablets 20mg SIG: one tablet twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine Tablets 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Pepcid. Therefore, Famotidine Tablets 20 mg is not medically necessary.