

Case Number:	CM14-0060803		
Date Assigned:	07/09/2014	Date of Injury:	05/04/2001
Decision Date:	11/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 57 year-old female with the date of injury of 05/04/2014. The injured worker presents with pain in her shoulders, left side worse than right side, radiating down her left arm. The injured worker reports she is experiencing depression. The injured worker is currently taking Lyrica, Norco, Paxil, Senna, Famotidine, Nortriptyline, Lisinopril, Omega 3 fatty acids. According to [REDACTED] report on 02/04/2014, diagnostic impressions are: 1) Joint pain, shoulder region 2) Myalgia and myositis, unspecified 3) Chronic pain The utilization review determination being challenged is dated on 04/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/11/2013 to 03/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 40mg Tablet One Tablet PO daily #30 with 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.medicinenet.com/famotidien/article.htm>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The injured worker presents pain in her shoulders. The request is for Famotidine 40mg tablet one tablet PO daily #30 with 3 refills. Famotidine, an H2-receptor antagonist, is similar to PPI's and used as an alternative. Regarding prophylactic use of PPI's, MTUS page 69 recommends it when appropriate GI assessments have been provided. The injured worker must be determined to be at risk for GI events, such as age > 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; etc. In this case, the treating physician fails to mention any GI symptoms from this injured worker. The injured worker is not taking any NSAIDs either. It is not known why this medication is being prescribed as there is no documentation of any GI complaints. The request for Famotidine 40mg Tablet One Tablet PO daily #30 with 3 Refills is not medically necessary.