

Case Number:	CM14-0066861		
Date Assigned:	07/11/2014	Date of Injury:	07/25/2013
Decision Date:	09/11/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 Internal 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 injured worker is a 55 year old male who was injured on July 25, 2013. The mechanism of injury is described as a slip and fall causing him to land on his buttocks. The injured worker was seen in April of 2014 and a request for Pepcid was submitted. His symptoms included back pain and urological problems. The injured worker was previously seen by urology with tests pending. The diagnoses included lumbar sprain, coccydynia and lumbar radiculopathy. Ibuprofen was used for pain control. There was no mention in the clinical records regarding gastrointestinal symptoms or a history of peptic ulcer. The injured worker was not on aspirin and there was no history of cardiovascular disease. The current request is for 20 milligrams of Pepcid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 20mg tablet quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI symptoms Page(s): 68-69, 67-72. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The physician requested Pepcid therapy and mentioned in the clinical notation that Prilosec was prescribed for preventing gastrointestinal upset and complications. However, guidelines recommend that prophylaxis for gastrointestinal ulceration is appropriate when there is a high risk of ulceration such as in a person older than 65 years of age or a past history of peptic ulceration and if a patient is on dual non-steroidal anti-inflammatory medications (NSAID) therapy (including even low dose aspirin). The patient didn't have any gastrointestinal symptoms to suggest a therapeutic need for a proton pump inhibitor such as Pepcid. Therefore, the request is not medically necessary.