

Case Number:	CM14-0171055		
Date Assigned:	10/23/2014	Date of Injury:	06/11/2010
Decision Date:	02/17/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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 patient is an injured worker with a diagnosis of neck sprain, thoracic sprain, and lumbar sprain. Date of injury was June 11, 2010. Treatment has included physical therapy, acupuncture, chiropractic care, and functional restoration program sessions. The patient has a diagnosis of neck sprain, thoracic sprain, and lumbar sprain. The patient has taken multiple medications. Magnetic resonance imaging revealed evidence of low grade, -early degenerative arthrosis. The patient was evaluated by her treating provider on July 17, 2014, at which time she reported panic attacks in the last month relieved with Ativan. The patient has a support system in place with no current suicidal ideation. Examination demonstrated normal mental status, recent and remote memory intact, normal coordination, normal reflexes, decreased sensation in a left L5 dermatome, and tenderness. The treatment plan included Ativan and the pain psychology evaluation. The progress report dated September 18, 2014 indicates that the patient has ongoing lower back pain radiating to the lower extremity to the calf and ankle and into the first great toe. The patient also describes nausea, interference with sleep, headaches, difficulty concentrating, depression, anxiety, and bladder incontinence. The patient most recently had Butrans prescribed and is now getting acclimated to it. She has been using this medication for one week. There is numbness in the left heel, which has worsened. There are burning and stabbing pains in the left heel and left calf. She continues to exercise at home. She saw a psychologist on September 03, 2014 who recommended a trial of six sessions. The patient has been taking Naproxen, Baclofen, and Neurontin. Urine drug testing and opioid contract were noted. The patient is taking Norco 10/325 mg with reports of constipation. Ativan has not been used this month. The patient describes panic attacks and a history of asthma, bronchitis, depression, and headaches. There is an antalgic gait favoring the left. Otherwise, no objective findings are noted. Electrodiagnostic testing was requested. Cimetidine (Tagamet) was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Cimetidine 200mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68-69. Decision based on Non-MTUS Citation American College of Gastroenterology. Guidelines for Prevention of NSAID-Related Ulcer Complications. Am J Gastroenterol 2009; 104:728 - 738; doi: 10.1038/ajg.2009.115; published online 24 February 2009. Frank L. Lanza , MD, FACG, Francis K.L. Chan, MD, FRCP, FACG, Eamonn M.M. Quigley , MD, FACG and the Practice Parameters Committee of the American College of Gastroenterology. PMID 19240698.
<http://s3.gi.org/physicians/guidelines/NSAIDJournalPublicationFebrua>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. MTUS does not address Cimetidine (Tagamet). American College of Gastroenterology Guidelines for Prevention of NSAID-Related Ulcer Complications (2009) reported that systematic reviews have shown that H2RA histamine-2-receptor antagonist medications are effective in reducing the risk of NSAID-induced endoscopic gastric ulcers. Economic modeling suggests that cotherapy with an H2RA may be a cost-effective strategy for prevention of ulcer bleeding in NSAID users. Medical records document the use of prescription Naproxen. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). Per MTUS, NSAID use is a gastrointestinal risk factor. The American College of Gastroenterology guideline (2009) indicated that H2RA histamine-2-receptor antagonist medications are effective in reducing the risk of NSAID-induced gastric ulcers and may be a cost-effective strategy for prevention of ulcer bleeding in NSAID users. The request for Cimetidine is supported by medical records, MTUS, and American College of Gastroenterology guidelines. Therefore, the request for Retrospective, Cimetidine 200mg #60 with 1 refill medically necessary.