

<b>Case Number:</b>	CM14-0188038		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Rehab, 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 patient is a 41 year old male with an injury date of 11/13/12. Per the 10/02/14 progress report, the patient presents with tightness and pain in the left scapular region into the elbow. Left sided pain is greater than right. Average pain is 3/10 without medications. He has GERD symptoms. The patient is working full duty Examination reveals tenderness to palpation across the scapular region on the left more than the right. The patient's diagnoses include: 1. Chronic sprain/strain of the left and right shoulder 2. Chronic sprain/strain of the bilateral anterior tendon of the elbow 3. Bilateral disk sprain /strain The report states the patient is not on medication for pain, but is continuing Pepcid for medication induced GERD. No other medications are currently listed. The utilization review is dated 10/10/14. Reports were provided for review from 12/06/13 to 10/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pepcid 20mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Mosby, Inc.

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

**Decision rationale:** The patient presents with pain in the left scapular region into the elbow. Average pain without medications is 3/10. The current request is for Pepcid 20mg #30 per 10/06/14 RFA.MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports show the patient has been prescribed this medication since at least 05/12/14. The 10/02/14 report states the patient is not taking medications for pain, has GERD symptoms and uses Pepcid for medications induced GERD. The 07/24/14 report states that the patient has tried multiple PPI's including Prevacid and Prilosec which caused intolerable side effects or were ineffective. On 08/23/14 the treating physician states, "Due to NSAIDS prescribed for his condition he has developed erosive esophagitis." The reports also state that as of 08/19/14 the patient continued to taper Dexilant (Dexlansoprazole) for GERD and that Baclofen was ineffective and discontinued on 07/24/14. The 02/20/14 and following reports do not show use of NSAID's. In this case, the patient is documented to have GERD secondary to past NSAID therapy, NSAID has been stopped, multiple PPI's have been trialed and the patient is prescribed an H2 antagonist (Famotidine-Pepcid). The request IS medically necessary.