

Case Number:	CM14-0197097		
Date Assigned:	12/03/2014	Date of Injury:	01/02/1993
Decision Date:	01/16/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family medicine, and is licensed to practice in Ohio. 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:

This is a 44 year old male with a date of injury of January 2, 1993. Mechanism of injury is unknown. Diagnoses include bilateral elbow, forearm, wrist and hand flexor/extensor overuse tendinitis with associated carpal tunnel syndrome, lumbosacral spine musculoligamentous sprain/strain, psychiatric diagnoses, gastrointestinal upset, chest pain and sleeping difficulties. On July 19, 2012, the injured worker reported gradual and progressive improvement of his bilateral upper extremity and lower back conditions with his pain/symptoms having essentially returned to a pre-exacerbation level without report of any new or further limitations/impairments versus those previously experienced. He was considered to have orthopedically returned to a maximally medically improved/permanent and stationary state without basis for new or further permanent disability/impairment. Treatment modalities included medications and the OrthoStim4 unit which he noted offered good pain management. On physician's progress report dated November 30, 2012, the injured worker complained of pain, anxiety, depression, poor sleep, muscle tightness and reduced activities of daily living. A request was made for Tagamet 800 mg with 2 refills, Crestor 10 mg with 2 refills, Irbesartan/Hctz 300/12.5 mg with 2 refills, Cardizem 360 mg with 2 refills and Viagra 100 mg with 2 refills. On November 11, 2014, utilization review denied Tagamet. Utilization review partially certified Crestor, Irbesartan, Cardizem and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tagamet 800mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD), page 12

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines allow for the use of H2 blockers such as Tagamet for dyspepsia as a consequence of therapy with non-steroidal anti-inflammatory medication. Tagamet is also commonly used for symptoms of gastrointestinal reflux but that issue is not addressed by the guidelines. In this instance, the injured worker's gastrointestinal issues are not detailed enough in the provided documentation to attempt to apply the referenced guidelines. We are told that the gastrointestinal issues have been accepted as part of the industrial claim, but there is no way to determine whether such issues remain active or are merely a reflection of past usage of an NSAID. Consequently, Tagamet 800mg with 2 refills is not medically necessary.