

Case Number:	CM14-0201211		
Date Assigned:	12/11/2014	Date of Injury:	05/24/2014
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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 29-year-old female, with a reported date of injury of 05/24/2014. The result of injury was back pain, after a heavy shopping cart fell on her. The current diagnosis includes low back pain; lumbosacral radiculitis, and sciatica. The past diagnosis includes thoracic spine contusion. Treatments have included pain medications; physical therapy; chiropractic care; home exercises; computerized tomography (CT) scan of the lumbar and thoracic spines on 05/24/2014, with normal findings; and an MRI of the lumbar spine on 05/27/2014, which showed mild disc degeneration and a minimal annular bulge at L1-L2, a mild annular bulge at L4-L5, and mild disc degeneration at L5-S1. The medical report dated 09/17/2014 indicates that the injured worker complained of low back pain, with radiation into the right leg. She described the pain as constant, with frequent spasms, sharp, and burning. The pain is aggravated by standing or sitting too long, and can be minimized by alternating positions frequently. The injured worker said that the pain was only relieved by medications, and rated the pain a 9 out of 10. She requested alternative and interventional options to help alleviate the pain. She had been taking 4-5 Norco 10/325mg tablets per day due to not having a long-acting medication, and indicated that the Lyrica 50mg, helped a little, with no side effects. The injured worker also took Ibuprofen 4-5 times per day. The treating provider mentioned that there was a pain contract. On 11/04/2014, Utilization Review (UR) denied the request for Famotidine 20mg #60, and provided a modified certification for Norco 10/325mg #120 for one month to allow for documentation or weaning. The UR physician noted that there was no documentation of quantifiable pain reduction, abnormal behavior, or urine drug screens. The UR physician also noted that there was no documentation of the injured worker being over 65-years-old, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin,

corticosteroids, or an anticoagulant, or high dose or multiple non-steroidal anti-inflammatory drug usage. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Famotidine 20 mg #60 is not medically necessary. Famotidine is an H2 receptor blocker. H2 receptor blockers are indicated in patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants; or high-dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are degeneration of lumbar intervertebral this; lumbosacral radiculitis; sciatica; lumbago; and meralgia paresthetica. The documentation does not contain comorbid conditions or a past medical history compatible with the risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids. Consequently, absent the appropriate clinical indication with comorbid conditions putting the injured worker at risk for gastrointestinal bleeding and clinical evidence supporting the ongoing use of Famotidine 20 mg #60 is not medically necessary.