

Case Number:	CM15-0005893		
Date Assigned:	01/29/2015	Date of Injury:	10/16/2014
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old male who suffered a work related injury on 10/16/14. He required multiple surgeries including a right above the knee amputation, open reduction internal fixation left femoral shaft fracture, open reduction internal fixation of right tib-fib fracture with exploration and attempted repair of femoral and popliteal vessels, vascular grafts between the femoral artery and popliteal artery and the femoral vein and the proximal deep vein, as well as multiple debridements. He was subsequently transferred to an acute rehabilitation facility. On 12/12/14, the Claims Administrator non-certified famotidine, citing MTUS guidelines. The non-certified treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 20 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with phantom limb pain. The request is for FAMOTIDINE 20MG #60. The RFA is not provided. Concomitant medications included Celebrex, Enoxaparin, Docusate, Pregabalin, Senna, Hydrocodone, and Rivaroxaban. Patient's work status is not provided. 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 prescription for Famotidine was first noted in the progress report dated 11/11/14. Review of the medical records did not show history of GI symptoms, complaints, or issues such as GERD, gastritis or PUD. The patient is under 65 years of age; however, the patient has been treated with Celebrex and anticoagulants. MTUS supports use of Famotidine with concurrent use of NSAIDs and anticoagulants. Therefore, the request IS medically necessary.