

Case Number:	CM15-0145053		
Date Assigned:	08/06/2015	Date of Injury:	12/10/2010
Decision Date:	10/21/2015	UR Denial Date:	07/05/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43 year old male who sustained an injury on 12-10-10. Diagnoses include cervical spine strain; thoracic spine strain; lumbar spine disc bulge; left elbow lateral humeral epicondyle; failed right knee surgery; left knee surgery; right foot strain; and left foot strain. The progress report from 6-3-15 indicates he had left knee Synvisc injection and right knee arthroscopy. He fell while getting out of bed due to his right knee weakness in May 2015 hit his head on the door at frame, jamb. The IW states that because his right knee failed he hit his head on a door. The records indicate he is cane stable and stopper good; right mid anterior thigh intact; mid lateral calc and right lateral ankle are diminished. No other medical information included. Current requested treatments Famotidine 20 mg #60, Omeprazole 20 mg #60. Utilization review 7-5-15 requested treatment non-certified.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Famotidine is an H2 blocker. It is indicated for GERD. Similar to a PPI , it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Famotidine is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant was also given an H2 blocker in combination without indication for use. The use of Omeprazole is not justified and is not medically necessary.