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| Case Number: | CM15-0147441 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 04/04/1990 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 07/10/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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: New York

Certification(s)/Specialty: Anesthesiology

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 71 year old male, who sustained an industrial injury on 4-4-90. The injured worker was diagnosed as having lumbar back pain with radiculopathy, degenerative disc disease of lumbar spine, depression, anxiety and insomnia. Treatment to date has included epidural steroid injections, oral medications including Norco 10-32mg, Ibuprofen 800mg, Xanax 0.25mg, Ambien 10mg, Lyrica 50mg, Effexor XR 150mg, Pepcid 40mg and Aspirin; and topical Lidoderm 5% patch, physical therapy, home exercise program and activity modifications. Currently on 7-10-15, the injured worker complains of abdominal pain and on 6-17-15, he complained of constant, unchanged pain in bilateral arms, bilateral legs, bilateral buttocks, bilateral hands, bilateral knees, bilateral low back and bilateral ankles-feet. He states the quality of pain-spasticity is sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing and electrical. The injured worker rated the pain 3-6 out of 10 with medications and 7-10 out of 10 without medications. He notes current medication regimen continues to be helpful in increasing daily function without side effects. Physical exam performed on 7-10-15 revealed no abnormalities. The treatment plan included prescriptions for Norco 10-32mg, Xanax 0.25mg, Ambien 10mg, Lyrica 50mg, and Pepcid 40mg, consideration for a lumbar epidural steroid injection and continuation of home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 40mg, quantity: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Micromedex solutions.

Decision rationale: Famotidine (Pepcid) is a histamine H2 receptor. FDA recommends use of Famotidine for duodenal ulcer disease, esophagitis, gastric hyper secretion, gastric ulcer, gastroesophageal reflux disease and indigestion. The injured worker had no complaints of gastrointestinal issues, nausea or history of peptic esophagitis, duodenitis, gastritis, gastroesophageal reflux disease or peptic ulcer. The injured worker had previously utilized Protonix and is not utilizing NSAIDs (non-steroidal anti-inflammatory drugs). The request for famotidine is not medically necessary.