

Case Number:	CM15-0192415		
Date Assigned:	10/06/2015	Date of Injury:	09/06/2013
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female with a date of industrial injury 9-6-2013. The medical records indicated the injured worker (IW) was treated for degenerative disc disease and chronic cervical, thoracic and lumbar pain. In the progress notes (7-27-15 and 8-24-15), the IW reported back pain radiating to the leg, right ankle, lower back and stiffness in the neck, likely causing migraines. She rated the pain 7 to 8 out of 10. Medications included Lidoderm patch, Flexeril, Celebrex, Naproxen and Pepcid (since at least 6-2015). On examination (8-24-15 notes), there was tenderness to palpation of the cervical, thoracic and lumbar paraspinals. Cervical range of motion was 75% of normal and lumbar range of motion was 50% of normal. Reflexes were 2 out of 4. There were no sensory deficits. Treatments included physical therapy (not helpful), injections (temporarily helpful), activity modification (helpful), chiropractic therapy (most helpful) and home exercise program. The IW was temporarily very disabled. There was no documentation of gastrointestinal problems. A Request for Authorization dated 8-25-14 was received for Pepcid 20mg #60. The Utilization Review on 9-1-15 non-certified the request for Pepcid 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for chronic cervical, thoracic, and lumbar pain with a diagnosis of degenerative disc disease. In June 2015, her past medical history included hypertension, asthma, and hypothyroidism. Medications included Celebrex. Physical examination findings included a body mass index over 35. There was nonspecific diffuse tenderness throughout the spine. There was decreased spinal range of motion. There was a normal neurological examination. Lidoderm, naproxen, and Pepcid were prescribed. When seen, she had pain rated at 7/10. She had complaints of stomach cramping and diarrhea. Physical examination findings appear unchanged. Medications were continued. The assessment references having issues with her stomach due to Naprosyn. Pepcid 20 mg was prescribed. Guidelines recommend consideration of an H2-blocker such as Pepcid (famotidine) for the treatment of dyspepsia secondary to NSAID therapy. In this case, although the requesting provider references stomach problems due to Naprosyn, both medications were prescribed at the same time in June 2015. At that time, Celebrex was being prescribed without apparent adverse side effect. The claimant's past medical history is negative for gastrointestinal problems. The claimant does not have any identified ongoing risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. If she is having gastrointestinal problems now despite being on both naproxen and Pepcid, then alternative therapy needs to be considered. Prescribing Pepcid is not considered medically necessary.