

<b>Case Number:</b>	CM15-0196341		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/14/1993
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 65 year old female who sustained an industrial injury on 1-14-93. The medical records indicate that the injured worker has been treated for chronic cervical strain, status post neck surgery times 2; status post bilateral shoulder surgeries for rotator cuff repair and superior labrum anterior on posterior repair; left hemiparesis of undetermined origin. In the 4-20-15 agreed medical evaluation the injured worker indicated that she was treated for lupus erythematosus, fibromyalgia and rheumatoid arthritis. She currently (9-9-15) complains of ongoing neck and bilateral shoulder pain. She has a constant pain level of 9 out of 10. On physical exam there was significant tenderness to the cervical paraspinal muscles and bilateral shoulder acromioclavicular joints especially on the right. She has been treated with Percocet, Effexor, Reglan (since at least 12-18-14); physical therapy; injections. She was prescribed Reglan and Prilosec for stomach upset on 4-30-15. She is currently (9-9-15) taking Oxycodone, Silenor, Colace, Effexor, methotrexate, Celebrex, Prednisone, Plaquenil, Reglan, Tagamet started 9-9-15. The request for authorization dated 9-17-15 was for Tagamet 300mg #60 with 1 refill. On 9-30-15 Utilization Review non-certified the request for Tagamet HB 200mg #60 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tagamet HB (Cimetidine) 200mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** Tagamet 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 antiplatelet use that would place the claimant at risk. The claimant was previously on a PPI, which is proven beneficial for gastric ulcers over an H2 blocker. Therefore, the continued use of Tagamet is not medically necessary.