

Case Number:	CM15-0219445		
Date Assigned:	11/12/2015	Date of Injury:	02/23/2005
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 23, 2005. In a Utilization Review report dated November 3, 2015, the claims administrator failed to approve a request for famotidine and Flexeril. The claims administrator referenced an October 19, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 19, 2015, famotidine and Flexeril were endorsed. On an associated handwritten progress note dated October 19, 2015, the applicant was asked to continue current medications. On a separate narrative report dated October 19, 2015, the applicant's pain management physician noted that the applicant had debilitating low back pain complaints. The applicant was using Norco, Zanaflex, naproxen, Prilosec, Neurontin, and Ambien, the treating provider reported. The treating provider stated in the diagnoses section of the note that the applicant had issues with medication-induced gastritis for which the applicant was using Prilosec. There was no seeming mention of the applicant's using famotidine on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 20mg BID #60: Overturned

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.

Decision rationale: Yes, the request for famotidine (Pepcid), an H2 antagonist, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonist such as famotidine (Pepcid) are indicated in the treatment of NSAID-induced dyspepsia, as was reportedly present here, the applicant's pain management physician reported on October 19, 2015. Usage of famotidine (Pepcid) was, thus, indicated to ameliorate the same. Therefore, the request was medically necessary.

Flexeril 7.5mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Conversely, the request for Flexeril was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including Neurontin, naproxen, Zanaflex, and Norco, the applicant's pain management physician reported on October 19, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-tablet supply of Flexeril at issue, in and of itself, represented treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.