

<b>Case Number:</b>	CM15-0051438		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/25/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 39 year old male who sustained a work related injury on September 25, 2010, incurring knee injuries after a fall. Magnetic Resonance Imaging (MRI) of the knee revealed a tear of the medial meniscus and diffuse degeneration in the lateral meniscus. Magnetic Resonance Imaging (MRI) of the spine revealed lumbar disc disease and mild stenosis. Treatment included epidural steroid injections, neuropathy medications, pain medications and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Currently, the injured worker complained of low back pain and right knee pain with leg numbness. He was treated with multiple medications. The treatment plan that was requested for authorization included a prescription for Cimetidine (Tagamet).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cimetidine (tagamet) 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cimetidine Medscape. <http://reference.medscape.com/drug/tagamet-cimetidine-341984#91>.

**Decision rationale:** Cimetidine is a histamine antagonist is used to treat and prevent stomach ulcer. According to MTUS guidelines, Cimetidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Cimetidine (tagamet) 400mg #60 is not medically necessary.