MAXIMUS Federal Services

Case Number:	CM15-0056658		
Date Assigned:	04/01/2015	Date of Injury:	08/20/2005
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/25/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male, who sustained an industrial injury on 8/20/05. He reported pain in the neck and headaches. The injured worker was diagnosed as having cervicogenic headaches, status post cervical fusion and neck pain. Treatment to date has included physical therapy, a cervical MRI and pain medications. As of the PR2 dated 2/19/15, the injured worker reports continued pain in the neck and headaches. He is able to continue full-time work while taking current medications. The treating physician requested to continue Pepcid 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 20mg #120 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck pain and headaches. The request is for PEPCID 20MG #120 WITH 5 REFILLS. The request for authorization is not provided. The

patient is status-post anterior cervical discectomy and fusion, 2005. He has exhausted all conservative care including but not limited to medications, pain management, modification of activities and physical therapy. He had to do a takedown at work that caused a flare-up of his neck, which radiates into the bilateral shoulders. Advice was given on resuming and/or maintaining normal activities as tolerated. Smoking cessation, if applicable, was recommended. Recommendation for exercise program was given. Patient's medications include Relafen and Pepcid. The patient is working full-time. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Treater does not specifically discuss this medication. The patient is prescribed Pepcid since at least 08/28/14. In this case, the patient is prescribed Relafen, an oral NSAID. However, the treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not indicate how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, the request IS NOT medically necessary.