

Case Number:	CM13-0055574		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2009
Decision Date:	03/12/2015	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/21/2013

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:

This 52 year old male sustained an injury on 12/22/08 with subsequent ongoing neck and back pain. Treatment included medications, physical therapy, L5-S1 medical branch block, left C5-C6, left C6-C7 and left C7-T1 facet joint medical branch block x 2. In a PR-2 dated 8/26/13, the injured worker complained of ongoing left low back pain. Current diagnoses included cervical facet joint pain, cervical facet joint arthropathy C2-C7, left paraspinal disc protrusion with severe left C& neuroforaminal stenosis, central disc protrusion C-C6, cervical disc protrusion, C2-C3, C4-C5 and C7-T1, cervical, thoracic and lumbar sprain/strain, left L4 and S1 radiculopathy, left paracentral disc protrusion L5-S1, lumbar facet joint arthropathy and left shoulder bursitis with impingement. Current medications included Amrix 15 mg, one to two tablets as needed for spasms. Work status was permanent and stationary with restrictions including no bending, twisting, lifting, left upper extremity activities and no overhead activities. Physical exam was remarkable for restricted range of motion to the cervical and lumbar spine in all planes and tenderness to palpation to the cervical spinal muscles, facet joints, lumbar paraspinal muscles and left sacroiliac joint. Cervical and lumbar facet joint provocative maneuvers were positive. Muscle strength was 5/5 in all limbs. The treatment plan included Tagamet one tab four times a day; follow up in four weeks and cervical and lumbar spine facet joint radiofrequency ablation. The injured worker underwent left C5, C-6, and C7-T1 (9/25/13) and left L4-L5 and left L5-S1 (10/10/13) facet joint radiofrequency nerve ablation. Following the procedure, the injured worker reported 65% improvement of left neck and left scapular pain. On 10/31/13, Utilization Review issued a modified certification from Tagamet 1 tab PO QID #30 no refills and Tagamet 1

tab PO QID # 30 3 refills to Tagamet one tab PO #30, one refill, citing CA MTUS 2009:9792.24.2 Chronic Pain Medical Treatment Guidelines pg. 68.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tagamet #30 (4x a day) with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: The patient presents with ongoing neck and back pain. The current request is for TAGAMET #30 (4X A DAY) WITH 2 REFILLS. The RFA is not included. The reports do not state if the patient is currently working. MTUS page 69 covers H2 antagonists like Tagamet, "Use of NSAIDs and SSRIs: The concurrent use of SSRIs and NSAIDs is associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. This risk was higher for non-selective NSAIDs when compared to Cox-2 selective agents (adjusted odds ratio of 1.77 and 1.33, respectively). (Helin-Salmivaara, 2007) Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."Recent reports provided do not discuss this medication. The most recent report provided is dated 10/23/13 and states review of systems including GI and GU are negative. The 10/31/13 utilization review states regarding a peer to peer call on 10/30/13, "The patient is noted to have chronic pain status post injury in 2002 with recent NSAID use causing NSAID induced gastritis/Gastropathy the requiring (sic) H2 blocker use. The patient's symptoms have improved with Tagamet. It is recommended that the patient be reevaluated at least every 6 to 8 weeks with this underlying history and therefore multiple refills would not be recommended. The provider is agreeable to treatment modification. In this case, NSAID use and GI issues are documented and the treater states the medication is effective. However, the 10/23/13 report states the follow up visit is in 4 weeks and #30 with no refills and #30 with 1 refills has been approved. The request IS NOT medically necessary.