

<b>Case Number:</b>	CM14-0158103		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 (IW) is a 59-year-old male who sustained an industrial injury on 05/18/2012. Diagnoses include status post discectomy; disc herniation at L4-5 and L5-S1 and C3-4 through C6-7; thoracic multilevel disc protrusions; neuropathic pain left lower extremity and gastrointestinal pain due to medications. Treatment to date has included medications, acupuncture, chiropractic treatment, physical therapy and surgery. MRIs of the cervical and lumbar spine, the brain and the left shoulder were performed in 2012. According to the notes dated 1/17/14, the IW reported pain radiating down the left leg was increasing and pain had begun in the right leg as well. The notes indicated he had initial pain relief after back surgery and then radicular symptoms worsened. The requested services were part of the treatment plan for pain control and gastrointestinal symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Famotidine 20mg #30 units with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/famotidine.html>.

**Decision rationale:** Pursuant to Medline plus, Famotidine 20 mg #30 with 3 refills is not medically necessary. Ranitidine is an H2 receptor blocker used to treat ulcers, gastroesophageal reflux disease, dyspepsia, and the condition where the stomach produces too much acid called Zollinger Ellison syndrome. For additional details, see the attached link. In this case, the injured worker's working diagnoses are status post left L4 - L5 and L5 - S1 discectomy; L4 - L5 and L5 - S1 disc herniation; disc herniation cervical C3 - C4 as well as C4 - C5, C5 - C6 and C6 - C7; thoracic multilevel disc protrusions; depression; erectile dysfunction in: gastrointestinal pain due to medication; insomnia; and neuropathic pain left lower extremity. There is no documentation in the medical record with an indication or rationale for famotidine. Utilization review cites a February 2015 note with an indication stating famotidine is indicated for a motility disorder associated with opiate use. That documentation is not in the medical record. There is no clear-cut indication or rationale in the January 17, 2014 progress note. Medications listed include MS Contin, oxycodone, Colace, Miralax, Lyrica and Celexa. Consequently, absent clinical indication with a clinical indication and rationale for use, Famotidine 20 mg #30 with 3 refills is not medically necessary.

**Colace 100mg #90 units with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/colace.html>.

**Decision rationale:** Pursuant to Medline plus, Colace 100 mg #90 with three refills is not medically necessary. Colace is used for occasional constipation to prevent dry hard stools. It works by helping fat and water into the stool to soften the stool. In this case, the injured worker's working diagnoses are status post left L4 - L5 and L5 - S1 discectomy; L4 - L5 and L5 - S1 disc herniation; disc herniation cervical C3 - C4 as well as C4 - C5, C5 - C6 and C6 - C7; thoracic multilevel disc protrusions; depression; erectile dysfunction in: gastrointestinal pain due to medication; insomnia; and neuropathic pain left lower extremity. There is no documentation in the medical record with an indication or rationale for famotidine. Utilization review cites a February 2015 note with an indication stating famotidine is indicated for a motility disorder associated with opiate use. There is a diagnosis of gastrointestinal pain due to medication. There is no documentation of constipation or opiate induced constipation in the medical record to support the use of Colace. Consequently, absent clinical documentation with an indication or rationale for Colace (stool softener), Colace 100 mg #90 with three refills is not medically necessary.

**Butrans patch 5mcg #6 units with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Butrans.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Butrans 15mcg #6 with three refills is not medically necessary. Butrans is recommended as an option for treatment of chronic pain in selected patients (not a first-line drug). Suggested populations are patients with hyperalgesia component pain; patients with centrally mediated pain; patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. In this case, the injured worker's working diagnoses are status post left L4 - L5 and L5 - S1 discectomy; L4 - L5 and L5 - S1 disc herniation; disc herniation cervical C3 - C4 as well as C4 - C5, C5 - C6 and C6 - C7; thoracic multilevel disc protrusions; depression; erectile dysfunction in: gastrointestinal pain due to medication; insomnia; and neuropathic pain left lower extremity. The documentation states Butrans was prescribed as an alternative to MS Contin and Oxycodone. Butrans suggested population for use are patients with neuropathic pain; patients at high risk of nonadherence with standard opiate maintenance; and for analgesia in patients who have previously been detoxified from other high-dose opiates. There is no documentation evidencing objective functional improvement with ongoing MS Contin and oxycodone. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. Consequently, absent clinical documentation with objective functional improvement with ongoing MS Contin and oxycodone, Butrans 15mcg #6 with three refills is not medically necessary.