

Case Number:	CM15-0010053		
Date Assigned:	01/27/2015	Date of Injury:	05/18/2012
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 60-year-old male sustained a work-related back injury on 5/18/2012. Progress notes dated 12/8/2014 state his diagnoses as recurrent herniated disc, severe degenerative disc disease, depression, neuropathic pain and left sacroiliitis. He reports low back and leg pain 6 to 8/10. Previous treatments include medications, epidural steroid injections, physical therapy, chiropractic, discectomy and acupuncture. The treating provider requests Famotidine 20mg #30 with 3 refills and Lyrica 150mg #120 with 3 refills. The Utilization Review on 12/17/2014 non-certified Famotidine 20mg #30 with 3 refills and Lyrica 150mg #120 with 3 refills, citing Official Disability Guidelines (ODG) and CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Duexis (Ibuprofen & Famotidine)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pepcid FDA approved package insert

Decision rationale: The patient is 60 years old. There is no documentation of GI bleeding or peptic ulcer disease. There is no objective documentation of gastritis or esophagitis. The documentation does not support an increased risk of GI bleeding or a FDA approved indication for Famotidine (Pepcid). The requested drug is not medically necessary for this patient.

Lyrice: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs), NSAIDs Page(s): 16, 17, 19, 20, 67 and.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrice) Page(s): 99.

Decision rationale: Lyrice is FDA approved to treat diabetic neuropathy, post herpetic neuropathy and Fibromyalgia. This is noted in the MTUS guidelines. The patient does not have any of the FDA Approved indications for the requested medication and Lyrice is not medically necessary for this patient.