

Case Number:	CM15-0111113		
Date Assigned:	06/17/2015	Date of Injury:	05/18/2012
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 61 year old male who sustained an industrial injury on 5/18/12 involving his back. He had a prior history of back pain with disc protrusion in 2007 and had a micro-discectomy. He currently complains of continued back and left leg pain, left worse than right. On physical exam of the lumbar spine there were palpable spasms with pain on palpation over L4-5 and L5-S1 and limited range of motion due to pain; he has difficulty moving the left leg. Medications are Norco, Celexa, Lyrica, famotidine, omeprazole, Colace. Diagnoses include status post microdiscectomy and laminotomy at L5-S1 with discectomy at L4-5 (11/12/13); neuropathic pain with radicular symptoms; major depression; gastritis; left sacroiliitis; recurrent disc herniation. Treatments to date include anti-inflammatory medications; physical therapy; chiropractic treatments; acupuncture; bilateral L4-5 and L5-S1 transforaminal epidural steroid injection (9/1/14). Diagnostics include MRI of the cervical spine (12/26/12) showing abnormalities; MRI of the lumbar spine demonstrating protrusion with stenosis. In the progress note dated 3/26/15 the treating provider's plan of care included requests for famotidine and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 20mg QD #30 units, Refill 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Am Fam Physician. 2008 Mar 1; 77(5): 620. Medical Treatments in the Short-term Management of Reflux Esophagitis.

Decision rationale: According to the MTUS guidelines, a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. Famotidine is an H2 blocker and the guidelines do not comment on its use. It is indicated for GERD symptoms. In this case, the claimant was not diagnosed with GERD. In addition, the claimant had been on NSAIDs and opioids for pain. There were no pain scores documented to justify the use of both medications and increase GI symptoms. The continued use of Famotidine is not justified and not medically necessary.

Omeprazole 20mg 1 tablet Oral QD #30 units, Refill 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition , the claimant had been on NSAIDs and opioids for pain. There were no pain scores documented to justify the use of both medications and increase GI symptoms. Therefore, the continued use of Omeprazole with additional refills is not medically necessary.