

Case Number:	CM15-0122270		
Date Assigned:	07/06/2015	Date of Injury:	12/03/1998
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/24/2015

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: North Carolina
 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 40 year old female who sustained an industrial /work injury on 12/3/98. She reported an initial complaint of neck, shoulder, forearm, and hand pain. The injured worker was diagnosed as having cervical strain, bilateral shoulder impingement syndrome, s/p bilateral shoulder arthroscopic subacromial decompression and distal clavicle excision, bilateral ulnar neuritis, asymptomatic bilateral carpal tunnel syndrome. Treatment to date included medication, interferential unit, and diagnostics. MRI results reported on 6/21/13 reported slight straightening of the cervical lordosis without subluxation, low volume disc osteophyte complexes at several levels, largest at C5-6 and C6-7 mildly narrowing the ventral canal, some foraminal stenosis, no evidence of cord edema. EMG/NCV (electromyography and nerve conduction velocity test on 6/27/13 was abnormal demonstrating median sensory conduction across the right wrist which required clinical correlation because of right carpal tunnel syndrome would not explain the numbness and tingling in the ring and little fingers or the diffuse pain and tenderness of muscles in the neck, shoulders, or upper extremities. There is no evidence of cervical root, brachial plexus, or entrapment neuropathies of the ulnar nerves at the elbows or wrists or radial nerves at the elbows. Currently, the injured worker complained of neck pain with radiation into the bilateral shoulders and upper extremities, burning bilateral shoulders with pain in the left elbow and forearm, pain in both wrists and hands, numbness and tingling in the left forearm and hand and at least two digits of the left hand. There was also increased depression. Per the primary physician's report (PR-2) on 5/19/15, exam notes spasms in the cervical paraspinal muscles, sternocleidomastoid muscles, and upper trapezius muscles, moderate tenderness to left sided

cervical paraspinal muscles, left trapezius, and left scapula, moderate tenderness over both shoulders, limited range of motion in both shoulders, mildly reduced grip, and giveaway weakness in both arms due to pain. The requested treatments include Fimotidine 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fimotidine 20mg #30 x 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, famotidine.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of GERD, peptic ulcer disease and dyspepsia. The patient has reported GERD related to NSAID use. The review of clinical documentation shows that the use of continued Ibuprofen has not been approved. Therefore, the request is not medically necessary.