

Case Number:	CM15-0129753		
Date Assigned:	07/16/2015	Date of Injury:	09/14/2004
Decision Date:	08/20/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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: Anesthesiology

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 52 year old male, who sustained an industrial injury on 09/14/2004. He has reported subsequent back pain and was diagnosed with thoracic spine disc bulges, lumbar spine disc bulge with radicular pain and status post lumbar hardware removal and status post L4-S1 fusion. Treatment to date has included medication, physical therapy and surgery.

Documentation shows that Pepcid was prescribed to the injured worker as far back as 03/10/2015. The reason for prescription appears to be gastritis as a diagnosis of gastritis was listed on the progress note but there was no documentation of subjective or objective gastrointestinal examination findings. The recent pain management visit notes indicate that the injured worker denied abdominal pain, melena, nausea, vomiting, diarrhea and reflux and there were no abnormal objective examination findings documented. In a progress note dated 05/13/2015, the injured worker stated Pepcid was denied. The physician noted that the injured worker needed Pepcid as the Omeprazole wasn't controlling gastritis. There were no subjective or objective examination findings documented. A request for authorization of follow up visit with internal medicine for gastritis and Pepcid 20 mg unknown quantity was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with internal medicine for Gastritis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Office Visits.

Decision rationale: According to the CA MTUS/ACOEM guidelines, a focused medical history, work history and physical examination are generally sufficient to assess the patient who complains of an apparently job related disorder and in the absence of red flags, special studies, immediate consultation and referral are not needed during the first 4 weeks of care. In some cases, a more complete physical examination may be needed if the mechanism or nature of the complaint is unclear. According to the ODG, the need for an office visit is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment and is also based on what medications the patient is taking. The documentation submitted shows that the injured worker was experiencing gastritis for which medications such as Omeprazole and Pepcid were prescribed. However, there was no documentation of subjective or objective examination findings and no further documentation to support the need for a follow-up visit for gastritis. The documentation is insufficient to establish medical necessity. Therefore, the request for authorization of a follow-up visit is not medically necessary.

Pepcid 20mg unknown Qty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Proton pump inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) H2 blockers.

Decision rationale: Pepcid (Famotidine) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Pepcid works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to both prevent and treat ulcers in the duodenum and the stomach. In most trials, the PPIs have proved to be superior to the H2 blockers. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. In addition, the provider failed to document the quantity specified. Based on the available information provided for review, the medical necessity for Pepcid has not been established. The requested medication is not medically necessary.

