

<b>Case Number:</b>	CM15-0129867		
<b>Date Assigned:</b>	08/17/2015	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 40 year old male who sustained an industrial injury on 05-27-2010. Mechanism of injury was continuous trauma involving his upper extremities, back, reproductive system, sleep, stress and sex, neck and right knee. He also had pizza products fall from 2-3 feet down on his head neck and shoulders. Diagnoses include sprains and strains of the neck, strains and sprains of the lumbar area. Treatment to date has included diagnostic studies, medications, custom made orthotics, acupuncture, cognitive behavioral therapy, chiropractic sessions, use of a TENS unit, extracorporeal sound wave therapy, and physical therapy. On 08-28-2014 an unofficial report of a Magnetic Resonance Imaging of the cervical spine showed multilevel disc disease with disc desiccation throughout the cervical spine. An unofficial report of a lumbar Magnetic Resonance Imaging done on 08-28-2015 documents there is multilevel disc desiccations throughout the lumbar spine and a large broad-based disc protrusion-herniation at L5-S1 with annular tear measuring upwards of 6.7mm and contributing to neuroforaminal stenosis. The right shoulder Magnetic Resonance Imaging showed tendinosis of the rotator cuff and its two components. A physician progress note dated 05-06-2015 documents the injured worker complains of cervical spine pain rated 7.5 out of 10. Range of motion is restricted and there is tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles. There is muscle spasm of the bilateral trapezii and cervical paravertebral muscles. Spurling's is positive. He has lumbar spine pain which he rates as 7.5 out of 10. Lumbar spine range of motion is restricted and there is tenderness to palpation of the lumbar paravertebral muscles and spasm of the bilateral gluteus and lumbar paravertebral muscles. Sitting straight leg raise is

positive. The treatment plan included dispensing Tramadol and Compound topical creams were ordered and a urine drug screen was ordered. Treatment requested is for Retrospective request for Tagamet 40mg #30 DOS 05/06/2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for Tagamet 40mg #30 DOS 05/06/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68.

**Decision rationale:** MTUS Guidelines do not support the routine use of PPI's or H2 blockers (Tagamet) unless NSAIDs are utilized on a frequent basis and there are specific risk factors or symptoms. This individual does not meet these Guideline standards. There is no documentation of ongoing NSAID use, there are no risk factors listed and no qualifying symptoms are listed. The Tagamet 40mg. #30 DOS 5/06/2015 is/was not supported by Guidelines and there are no unusual circumstances to justify an exception to the Guidelines. The Tagamet is/was not medically necessary.