

Case Number:	CM15-0170773		
Date Assigned:	09/11/2015	Date of Injury:	03/23/2010
Decision Date:	10/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 3-23-10. Initial complaint was the injured worker was undergoing a cardiac catheterization and emergently has a quadruple bypass surgery. The injured worker was diagnosed as having Aortocoronary Bypass Graft Finding; Mixed hyperlipidemia, Coronary Atherosclerotic Native Vessel; Benign Hypertensive heart Disease; Abnormal Electrocardiogram-Asymptomatic Abnormal Treadmill. Treatment to date has included Coronary Bypass 4 vessel surgery (3-23-10); Cardiac Stress Test (4-2013); Cardiac Catheterization (3-2014); medications. Currently, the PR-2 notes dated 9-25-14 indicated the injured worker was in the office for a secondary prevention visit. The injured worker reports no chest pressure, chest pain, dyspnea on exertion, fatigue, syncope, orthopnea, palpitation or shortness of breath. He has a history of coronary artery disease with a 4 vessel CABG. He remains physically active and free of any symptoms with usual daily activity or physical exercise. The provider notes his medical therapy is well tolerated without side effects. He offers no complaints. On physical examination, the provider documents normal thyroid, no bruit, lungs -clear to auscultation, no murmurs or gallops with normal heart rate and rhythm, s1 normal, s2 normal, and non-displaced apical impulse. His abdomen is nontender with no distention; no bruit, hepatomegaly or splenomegaly; soft and normal bowel sounds. His extremities are without edema and pulses are 2+. The provider documents he "continues to do superbly". Medications are well tolerated and the injured worker is asymptomatic with normal activity. He is to return to the office for a stress test 3-25-15. There are no other visit notes submitted. A Request for Authorization is dated 8-31-15. A Utilization Review letter is dated 8-

20-15 and non-certification was for Famotidine 20mg #60 due to "sufficient gastrointestinal risks are not noted in these records." The provider is requesting authorization of Famotidine 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in March 2010 and is being treated for coronary artery disease, hypertension, and hyperlipidemia. He had 4-vessel bypass surgery in March 2010. When seen, he was remaining physically active. Physical examination findings included a BMI of over 27. Medications were prescribed including low dose aspirin. Guidelines recommend consideration of an H2-blocker such as Pepcid (famotidine) for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is not taking an oral NSAID medication. The claimant does not have any identified ongoing risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Continued prescribing is not medically necessary.