

Case Number:	CM15-0171887		
Date Assigned:	09/21/2015	Date of Injury:	08/02/2013
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
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:

This is a 55 year old female with a date of injury of August 2, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain, bilateral wrist and hand sprain and strain, and right shoulder rotator cuff injury. Medical records dated July 2, 2015 indicate that the injured worker complains of persistent right shoulder pain rated at a level of 8 out of 10 radiating the arm and up to the neck. Records also indicate that the injured worker "Has been taking Ibuprofen and Omeprazole; however, she is complaining of worsening gastrointestinal issues." A progress note dated July 27, 2015 notes subjective complaints of persistent right shoulder pain rated at a level of 8 out of 10. There was no documentation of objective findings regarding the gastrointestinal system in the records submitted for review. Medications noted in the medical record included Tylenol #3, Prilosec, and Motrin 800mg since at least February of 2015. The original utilization review (August 12, 2015) non-certified a request for Pepcid 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid (Famotidine 20mg) quantity 60 oral histamine-2 blockers: 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 August 2013 and continues to be treated for right shoulder pain with radiating symptoms into the arm and neck. Medications have included ibuprofen with reported benefit but with gastrointestinal upset. In July 2015 medications also included omeprazole but the claimant was having worsening gastrointestinal issues and had noted occasional dark stools. Ibuprofen was discontinued and tramadol was prescribed. Omeprazole was continued. An internal medicine evaluation for gastritis was requested. When seen, tramadol was decreasing pain from 7-8/10 to 4/5/10. Physical examination findings included right shoulder tenderness with decreased and painful range of motion and decreased strength. The claimant's body mass index was 34.0. Pepcid was prescribed. 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 no longer taking an oral NSAID medication and there are no ongoing gastrointestinal complaints being documented. Continued prescribing of Pepcid is not considered medically necessary.