

<b>Case Number:</b>	CM15-0070519		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/16/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Arizona, California  
 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 51 year old male, who sustained an industrial injury on June 16, 2013. He reported slipping and falling. The injured worker was diagnosed as having lumbosacral radiculitis, myofascial pain, chronic pain syndrome, and left tear of the talofibular ligament. Treatment to date has included x-rays, MRIs, epidural injection, lumbar surgery October 20, 2014, and medication. Currently, the injured worker complains of low back pain, with left lower extremity weakness and numbness, and left ankle pain. The Treating Physician's report dated February 24, 2015, noted the injured worker had suffered an acute on chronic flare of his low back pain, with a recent presentation to the hospital with drainage of an apparent postoperative fluid collection, most likely a seroma. The injured worker was noted to have had an episode of confusion two weeks prior, noted to have had two episodes of similar confusion since his surgery. The injured worker's current medications were noted to have included Amlodipine, Bupropion, Celebrex, Cyclobenzaprine, Diazepam, Diclofenac Sodium, Famotidine, Fluoxetine, Gabapentin, Lactulose, Lisinopril, Methylprednisone, Naproxen Sodium, and Polyethylene Glycol. The treatment plan was noted to include requests for authorization for a psychology consultation for a spinal cord stimulator evaluation, a spinal surgeon consultation to evaluate a seroma versus a cerebrospinal fluid leak, and a podiatry consultation, and medication prescriptions.

### 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 Treatment Guidelines H2 antagonist. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In this case, the claimant was on an H2 blocker- Famotidine which is use for GERD and reflux symptoms in similar situations as PPIs. In this case, recent documentation did not mention gastric symptoms or response to medication. Continued use of NSAIDs as noted below is not necessary, therefore, the continued use of Famotidine is not medically necessary.

**Diclofenac Sodium 50mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant was on opioids, muscle relaxants, antiepileptics and Steroids. Recent pain scores were not noted. The claimant required the use of an H2 blocker due to Diclofenac use. The continued use of Diclofenac is not medically necessary.