

Case Number:	CM15-0077043		
Date Assigned:	04/28/2015	Date of Injury:	09/14/2004
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/22/2015

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: North Carolina
 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 51 year old male injured worker suffered an industrial injury on 09/14/2004. The diagnoses included lumbar degenerative disc disease, lumbar compression fracture and thoracic or lumbosacral radiculitis. The injured worker had been treated with medications and physical therapy. On 2/24/2015 the treating provider reported low back pain that is constant and 10/10 severity radiating to the legs. In review of systems, there was no report of gastrointestinal symptoms. The treatment plan included Famotidine.

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 NSAIDs, GI symptoms & cardiovascular risk - Patients with no risk factor and no cardiovascular disease, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, pepcid.

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is a H2 blocker recommended in the treatment of dyspepsia, reflux disease and peptic ulcer disease. The patient does not have any of these primary diagnoses and therefore the request is not medically necessary.