

Case Number:	CM15-0090765		
Date Assigned:	05/15/2015	Date of Injury:	01/17/2013
Decision Date:	06/24/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 51 year old male, who sustained an industrial injury on 1/17/13. He reported injuring his head, neck and lower back after loss of consciousness due to fainting. The injured worker was diagnosed as having post-traumatic headaches, lumbosacral sprain, cervical sprain and post-concussion syndrome. Treatment to date has included a cervical MRI on 5/18/13 showing no abnormalities, a lumbar MRI on 5/18/13 showing L4-L5 and L5-S1 disc narrowing and moderate desiccation and chiropractic x 8 treatments. Current medications include Motrin 600mg, Nortriptyline 25mg, Cymbalta 30mg and Ultram 50mg. As of the PR2 dated 3/18/15, the injured worker reports back pain is getting worse and has been taking Motrin three times a day. He is now having an upset stomach even when he takes medication with food. The treating physician requested Pepcid 40mg #30 x 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid 40mg quantity 30 with six refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16; 68; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients with a significant history of gastrointestinal disease. The records indicate that the 51 year old patient had a history of NSAIDs induced gastrointestinal upset. The patient can only utilize Motrin when Pepcid is utilized concurrently. Pepcid 40mg #30 with 6 refills is medically necessary.