

<b>Case Number:</b>	CM13-0027440		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	04/02/2007
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of April 2, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; psychological counseling; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of August 22, 2013, the claims administrator approved a request for six sessions of acupuncture, denied a request for Norco, approved a request for Diclofenac extended release, and denied a request for Axid, an H2 antagonist. Despite the fact that the applicant reported complaints of continued acid reflux, the claims administrator denied a request for Axid, an H2 antagonist. The applicant's attorney subsequently appealed. In a December 6, 2013 appeal letter, the applicant's attending provider suggested that the applicant had failed to return to work. The attending provider stated that the applicant had a variety of complaints, including gastric upset. This was not; it is incidentally noted, elaborated or expounded upon. In a medical-legal evaluation of March 23, 2011, the applicant was described as having ongoing issues with both asthma and reflux, which he attributed to his work as a street sweeper. The applicant was given a 6% whole person impairment rating associated with his asthma-exacerbated reflux. The medical-legal evaluator noted that the applicant's symptoms of reflux were worsened with caffeine consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 AXID 150MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risks topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, H2 antagonists such as Axid are indicated in the treatment of NSAID (Non-Steroidal Anti Inflammatory Drugs)-induced dyspepsia. In this case, while the applicant is not seemingly using NSAIDs, by implication, provision of Axid, an H2 antagonist, is indicated and appropriate in the management of the applicant's asthma-induced reflux. Accordingly, the original Utilization Review decision is overturned. The request for 60 Axid 150mg is medically necessary and appropriate.