

Case Number:	CM13-0037785		
Date Assigned:	12/18/2013	Date of Injury:	07/19/2007
Decision Date:	02/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 injured worker is a 61 year old woman with an injury date of 7/19/07 involving injury to her low back and neck. She was seen on 8/16/13 by her primary treating physician. She had complaints of neck and low back pain with a numb left hand and arm and unbearable left leg pain with difficulty walking. Her physical exam was significant for spasm, pain and decreased range of motion of her cervical and lumbar spine. She had a positive straight leg bilaterally to 60 degrees with motor weakness on the left at 4/5. She had left foot plantar fasciitis. Her diagnoses included left ulnar nerve entrapment per EMG/NCS, s/p (status post) bilateral carpal tunnel release, lumbar discogenic disease with a history of L4-5 spondylolithesis, left lower extremity radiculopathy, chronic neck strain, plantar fasciitis left foot and degenerative disc disease. She was to continue Norco for pain and Axid BID. She was to be rechecked every 2-3 months and have a home exercise program. At issue in this review is the denial of Axid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Axid 150mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation : <http://www.drugs.com/pro/axid.html>.

Decision rationale: Axid (nizatidine) is a histamine H₂ receptor antagonist that is indicated for up to 8 weeks in for the treatment of active duodenal ulcer. In most patients, the ulcer will heal within 4 weeks. Axid is indicated for maintenance therapy for duodenal ulcer patients at a reduced dosage of 150 mg h.s. after healing of an active duodenal ulcer. The consequences of continuous therapy with Axid for longer than 1 year are not known. Axid is indicated for up to 12 weeks for the treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn due to GERD. Axid is indicated for up to 8 weeks for the treatment of active benign gastric ulcer. Before initiating therapy, care should be taken to exclude the possibility of malignant gastric ulceration. In this injured worker, there is no diagnosis of any gastrointestinal disorder in the medical visit to support its ongoing use. Axid is denied as not medically indicated.