

<b>Case Number:</b>	CM13-0040005		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	10/11/2006
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation 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 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:

This is a 71-year old patient with a date of injury of 10/11/06. Mechanism of injury to the low back was a pushing injury caused while the patient was attempting to push a small aircraft out for a flight. The patient failed conservative care, and was found on MRI to have disc herniation at L5. On 10/29/07, the patient underwent an L4-L5 partial laminectomy/discectomy. He was determined to have reached permanent and stationary status sometime in October of 2009, and was declared permanent and stationary in a report on 9/14/11. He does have future medical provision that includes medications; short courses of PT for flare-ups, diagnostic studies, and possible surgery if there are advanced neurologic problems. He is now under the care of a PM&R/Pain specialist for chronic care. Chronic medications have included NSAIDS and various GI protectants, including Prilosec and Axid. Past various UR determinations have included non-certification of both Naproxen and Prilosec, however, on 10/02/13, Axid was approved in Utilization Review due to GI effects of chronic NSAID use

### IMR ISSUES, DECISIONS AND RATIONALES

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

**one prescription of Axid 300mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Guidelines do support use of GI protectants in patients with a history of chronic NSAID use, as there is high risk for adverse GI effects. This patient has been on long-term NSAIDS for chronic pain issues, and ongoing use of Axid is appropriate. This was previously approved in Utilization Review, and I continue to recommend that this is medically necessary.