

Case Number:	CM14-0179128		
Date Assigned:	11/03/2014	Date of Injury:	11/02/2012
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 38 year old with an injury date on 11/2/12. Patient complains of unchanged right shoulder pain with a "grinding sensation" per 9/30/14 report. Patient's right shoulder pain is constant, stiff, and radiates to right arm/hand with popping/clicking sensations per 7/10/14 report. Based on the 9/30/14 progress report provided by [REDACTED] the diagnosis is adhesive capsulitis of shoulder. Exam on 7/10/14 showed "right shoulder range of motion limited with extension to 20 degrees." Patient's treatment history includes right shoulder surgery on 8/8/13, postoperative physical therapy, cortisone injection to right shoulder in 2014 (not beneficial). [REDACTED] is requesting axid 150mg #60. The utilization review determination being challenged is dated 10/8/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/14/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axid 150mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov, Axid

Decision rationale: This patient presents with right shoulder pain. The treater has asked for AXID 150mg #60 on 9/30/14. Patient has been taking Axid since 7/10/14 report. Axid is a Histamine-2 Receptor Antagonist used to treat GERD. Regarding Axid, there is no discussion in ACOEM, MTUS, ODG or Aetna. According to FDA.gov, Axid is indicated for up to 8 weeks for the treatment of active duodenal ulcer / active benign gastric ulcer, and for up to 12 weeks for the treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and associated heartburn due to GERD. For similar medication proton pump inhibitors, MTUS supports it for prophylactic use along with an oral NSAID when GI risk assessments are provided. In this case, there is no new diagnosis of duodenal/gastric ulcers or esophagitis, nor is there documentation of any GI issues such as GERD, gastritis, or PUD. Patient has been using Axid for 2 months without documentation of efficacy. The treater does not explain why this medication should be continued. There are no GI risk assessment provided either for prophylactic use along with an NSAID. Regarding medications for chronic pain, MTUS pg. 60 states treater must maintain a record of pain and function. The request is not medically necessary.