

Case Number:	CM14-0065730		
Date Assigned:	07/11/2014	Date of Injury:	02/21/2013
Decision Date:	11/24/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/08/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 66-year-old male who reported an injury on 02/21/2013. The mechanism of injury was a slip and fall. Prior diagnostic studies included an MRI of the lumbar spine. The surgical history was not provided. The prior therapies included medications. The documentation of 04/17/2014 revealed that they were awaiting an approval for a pain management specialist. The injured worker had limited range of motion of the lumbar spine. The injured worker had tenderness in the knee. The objective findings revealed no change of the lumbar spine strain and bilateral knee strain. The diagnoses included lumbar sprain and knee degenerative joint disease and osteoarthritis. There was a Request for Authorization submitted for review for tramadol 50 mg, Anaprox 550 mg, and Axid 150 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Comp/Disp Service - Axid 150mg #30 for the Lumbar Spine and Right Knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & card.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend an H2 receptor agonist for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documentation indicating the efficacy for the requested medication. There was a lack of documentation indicating the injured worker had dyspepsia. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Pharmacy Comp/Disp service Axid 150 mg #30 for the lumbar spine and right knee is not medically necessary.