

<b>Case Number:</b>	CM15-0087587		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	12/24/2003
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female, who sustained an industrial injury on 12/24/2003. She reported low back pain. The injured worker was diagnosed as having status post lumbar/lumbosacral discectomy and fusion. Treatment to date has included medications, and laboratory evaluations. The request is for Axid. On 2/4/2015, she was seen for follow up after back surgery. She indicated she was feeling better. Physical findings indicated she denied having heartburn, and nausea. On 3/19/2015, she complained of back pain. She was being seen for potential side effects of the medications she had been taking long term. Physical finding noted there had been no change in appetite or weight. She reported no nausea, vomiting, diarrhea, hemotchezia or hematemesis. No problems with swallowing reflux or hiatal hernia, and no history of ulcer. The treatment plan was unclear. On 3/25/2015, she reported having heartburn, stomach pain, and constipation. The treatment plan included: Anaprox, Neurontin, Lactulose, Colace, and Axid.

### 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 NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Axid is prescribed for stomach upset and heartburn. Axid (Nizatidine, USP) is a histamine H<sub>2</sub>-receptor antagonist and is indicated for the treatment of active duodenal ulcer, erosive and ulcerative esophagitis, and associated heartburn due to GERD. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Axid namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. In addition, review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with Axid. The Axid 150mg #60 is not medically necessary and appropriate.