MAXIMUS Federal Services

Case Number:	CM15-0127662		
Date Assigned:	07/14/2015	Date of Injury:	05/05/2014
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 5, 2014. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve a request for Axid. The claims administrator referenced an RFA form dated May 18, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated April 2, 2015, difficult to follow, not entirely legible, somewhat blurred as a result of repetitive photocopying, the applicant reported ongoing complaints of shoulder pain. Unspecified medications were renewed while the applicant was placed off of work, on total temporary disability. The applicant's complete medication list was not outlined, although it did appear that the applicant was using Zanaflex. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date. In a subsequent note dated May 14, 2015, again handwritten, difficult to follow, not entirely legible, and somewhat blurred as a result of repetitive photocopying and faxing, the applicant was, once again, placed off of work, on total temporary disability, for an additional six weeks. The note comprised, in large part, of preprinted checkboxes. Once again, medication selection and medication efficacy were not discussed or detailed. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date, either.

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 Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for Axid was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Axid (nizatidine) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes of mid-2015, referenced above. There was no mention of the applicant's using Axid on these dates. There was no discussion of medication efficacy insofar as Axid (nizatidine) or any of the applicant's other medications were concerned on several handwritten progress notes, referenced above. Therefore, the request was not medically necessary.