MAXIMUS Federal Services

Case Number:	CM15-0173954		
Date Assigned:	09/15/2015	Date of Injury:	01/10/2009
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
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 61 year old male, who sustained an industrial injury on January 10, 2009. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left olecranon process healed fracture, status post open reduction and internal fixation with retained hardware, left elbow residual ankylotic changes, status post left total knee arthroplasty, left ankle sprain and strain with early arthritic changes and history of left eye injury. Treatment to date has included diagnostic studies, surgery, physical therapy and medication. On July 23, 2015, the injured worker complained of vision disturbances in his left eye, left elbow pain and stiffness, numbness and tingling in his left elbow and hand, pain and stiffness to his left knee and increasing pain and stiffness to his left ankle. No gastrointestinal complaints were indicated. Notes stated that he continues to utilize symptomatic medications as needed and as directed. Physical therapy for the left ankle was recommended. On August 13, 2015, utilization review denied a request for Axid 150mg #60.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the left elbow, hand, knee, and ankle. The current request is for Axid 150mg #60. The requesting treating physician report was not found in the documents provided for review. The medical reports provided were partially illegible. The MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. Furthermore, the patient is not over the age of 65 and there is no evidence in the medical reports provided that shows a GI assessment was performed. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.