

Case Number:	CM15-0178392		
Date Assigned:	09/18/2015	Date of Injury:	08/17/2014
Decision Date:	10/22/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on August 17, 2014, incurring left lower leg and left knee injuries. He was diagnosed with internal derangement of the knee, degenerative joint disease, and a tear in the lateral meniscus of the left knee. He complained of severe intermittent left knee pain, popping noise weakness and difficulty bearing weight on his left leg. He was noted to have fallen from the increased pain. Treatment included physical therapy, knee brace, proton pump inhibitor, anti-inflammatory drugs, pain medications, activity modifications and surgical interventions. Currently, the injured worker complained of persistent pain in the left knee with reduced range of motion and left leg weakness. On February 24, 2015, he underwent a left knee arthroscopy. He was diagnosed with degenerative osteoarthritis of the left knee. The treatment plan that was requested for authorization on September 10, 2015, included a prescription for Axid 150mg, #60. On September 1, 2015, a request for a prescription for Axid was non-certified by utilization review.

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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, acid.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of dyspepsia, peptic ulcer disease and GERD. The patient does not have any of these diagnoses related to industrial incident. Therefore the request is not medically necessary.