

Case Number:	CM15-0064461		
Date Assigned:	04/10/2015	Date of Injury:	12/18/2009
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: Arizona, California
 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 57 year old female, who sustained an industrial injury on December 18, 2009, incurring left shoulder and right knee injuries. She was diagnosed with bilateral knee sprain and osteoarthritis of the patellofemoral compartments, left shoulder rotator cuff tear, bilateral epicondylitis and bilateral carpal tunnel syndrome. Treatment included physical therapy, aqua therapy, surgical interventions, and medicine therapy. Currently, the injured worker complained of constant pain to the shoulders, knees, hand, wrist and elbows. The treatment plan that was requested for authorization included a prescription for 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 Page(s): 27, 78, 68-69, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, "proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use." In this case, the claimant was given Axid which is an H2 blocker indicated for reflux symptoms similarly associated as the use of PPIs. The claimant was on Axid for dyspepsia from Butran use since at least July 2014. There was no evidence of work up for other causes of dyspepsia. There was no indication of opioid dependence or weaning protocol that would require Butrans. As a result, the chronic use of Axid would not be justified. Therefore, this request is not medically necessary.