

<b>Case Number:</b>	CM15-0093243		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	12/31/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old female who sustained an industrial injury on 12/31/2014. Current diagnoses include cervical spine sprain/strain, tendinitis/impingement syndrome, right shoulder with possible rotator cuff tear, lateral epicondylitis, bilateral elbows, and tendinitis, bilateral wrists with possible carpal tunnel syndrome. Previous treatments included medication management. Initial injuries included pain and swelling in the right arm, hand, and fingers. Report dated 04/02/2015 noted that the injured worker presented with complaints that included constant pain and stiffness to her right shoulder, elbows, and pain, numbness, and tingling in both wrists and hands. Pain level was not included. Physical examination was positive for abnormalities. The treatment plan included request for physical therapy and return in four weeks. Disputed treatments include Axid.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Axid 150mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p 68-71 Page(s): 68-71.

**Decision rationale:** The claimant is being treated for a cumulative trauma work injury with date of injury of 05/28/14. He is being treated for bilateral elbow, wrist, hand, and right shoulder pain. There is a negative past medical history. When seen, medications included ibuprofen and omeprazole. There was tenderness with decreased range of motion. She had elbow pain with resisted wrist extension. Shoulder impingement testing with positive. Anaprox and Axid were prescribed and she was referred for physical therapy. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Therefore, the prescribing of a histamine H2-receptor antagonist such as Axid was not medically necessary.