

Case Number:	CM13-0007438		
Date Assigned:	09/06/2013	Date of Injury:	05/09/2005
Decision Date:	02/18/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Texas, and Indiana. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who reported an injury on 05/09/2005. The mechanism of injury was not provided for review. The patient developed chronic low back pain that was managed with medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's medications included tramadol extended release 150 mg, Naprosyn 500 mg twice daily, and nizatidine 150 mg. The patient's most recent clinical evaluation revealed low back pain and neck pain rated 7/10. Physical findings included restricted range of motion secondary to pain of cervical and lumbar spine. It was noted that the patient had diminished sensation in the C6-7 dermatomes and right L4-5 dermatomes. The patient's diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and disc displacement of the cervical intervertebral disc without myelopathy, cervicalgia, and lumbago. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested nizatidine 150 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to prolonged medication usage. The clinical documentation submitted for review did not provide a recent gastrointestinal evaluation to determine whether the patient is at risk for the development of gastrointestinal events related to medication usage. It is noted in the documentation that the patient has been on this medication for an extended period of time. As there is no evaluation of the patient's gastrointestinal system to support the efficacy of this medication, continued use would not be indicated. As such, the requested nizatidine 150 mg #60 is not medically necessary or appropriate.