MAXIMUS Federal Services

Case Number:	CM13-0034441		
Date Assigned:	06/06/2014	Date of Injury:	01/04/2001
Decision Date:	07/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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/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 injured worker is a 55 year old male who reported an injury on 01/04/2001 due to cumulative trauma. On 09/12/2013 he reported low back and left lower extremity pain with intermittent flare ups with progression of his low back pain and intermittent radiation down the left lateral calf, associated with tingling, and exacerbated by walking. A physical exam revealed lumbar facet loading positive on the left side, straight leg raise test positive on the left side, lower extremity reflexes symmetrical, decreased sensation to left lateral calf, and dynamic muscle testing with 5/5 on bilateral lower extremities. A nerve conduction study on 12/12/2011 suggested mild lower peripheral neuropathy. The injured worker's diagnoses included skin sensation disturbance and lumbosacral spondylosis without myelopathy. Medications included Flexeril 10 Mg Tablet as needed for spasm, Ibuprofen 800 Mg Tablet as needed, and Vicodin 5-500 Tablet MG once or twice a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NIZATIDINE 150MG CAP #60 WITH 2 REFILLS (TWO TIMES PER DAY AS NEEDED PAIN): 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 Page(s): 69.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend H2-receptor antagonists for the treatment of dyspepsia secondary to NSAID therapy. There was no documentation provided that the injured worker had reported any stomach pain due to his medication usage or related to his injury on 01/04/2001. Therefore, the request for prescription of Nizatidine 150mg cap #60 with 2 refills (two times per day as needed for pain) is not medically necessary.

PRESCRIPTION OF NORCO 5/325MG #120 WITH 2 REFILLS (TAKE BY MOUTH, TWO TIMES PER DAY AS NEEDED FOR PAIN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS (HYDROCODONE/ACETAMINOPHEN),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: Short acting opioids such as Norco is used for intermittent or breakthrough pain. Per California MTUS Guidelines for initiating opioid therapy, a therapeutic opioid trial should not be employed until the injured worker has failed a trial of non-opioid analgesics. The injured worker did state on 09/12/2013 that he had pain flare ups. However, he also stated that the pain "improves with pain meds", indicating that the medications he was using were giving him pain relief and had not failed. Therefore, the request for a prescription of Norco 5/325mg #120 with 2 refills (Taken By Mouth), two times per day as needed for pain) is not medically necessary.