

<b>Case Number:</b>	CM13-0049230		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/09/2005
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Family Practice and is licensed to practice in Texas. 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 10/10/2013. The mechanism of injury was not provided for review. The patient's most recent clinical examination findings included restricted range of motion secondary to pain and tenderness and spasming over the lumbar paraspinal musculature with a positive straight leg raising test bilaterally. The patient's chronic pain was treated with medications to include tramadol and Naprosyn. The patient's diagnoses included degeneration of the lumbar intervertebral discs, displacement of a cervical intervertebral disc without myelopathy, cervicalgia, and lumbago. The patient's treatment plan included a cervical epidural steroid injection and continued medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Nizatidine 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The requested 60 Nizatidine 150mg is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the use of

gastrointestinal protectants for patients who are at risk for development of gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for developing gastrointestinal disturbances related to medication usage. Therefore, the need for a gastrointestinal protectant is not established. As such, the requested 60 Nizatidine 150mg is not medically necessary or appropriate.