

Case Number:	CM14-0004341		
Date Assigned:	02/05/2014	Date of Injury:	12/05/2012
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/11/2014

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 Interventional Spine and is licensed to practice in California. 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 patient reported a date of injury of 12/05/2012. According to the report, the patient complains of gastritis. The patient also complains of constant moderate to severe back/neck/right arm and right shoulder pain causing swelling, clicking, stiffness, and tenderness. She rates her pain 8/10 to 9/10 on the pain scale. The patient's current medications include advil, aspirin, Flexeril, Lipitor, and Tylenol. The patient also previously utilized Ibuprofen and Celebrex for pain relief. She also has a history of chest pains. The physical exam shows sensation by touch and pinwheel reveals no deviation in sensation. There is tenderness to palpation of the paracervical, levator scapulae, medial trapezius, and parascapular muscles. Spurling's sign is positive. The patient's gait is mildly antalgic because of the low back pain. Deep tendon reflexes are symmetrical in the bilateral lower extremities. The utilization review denied the request on 12/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION FOR NIZATIDINE 150 MG, #120, DISPENSED 12/02/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Chapter Nsaids (No.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Nsaids, Gi Symptoms & Cardiovascular Risk..

Decision rationale: Nizatidine belongs to a group of drugs called histamine-2 blockers. Nizatidine works by decreasing the amount of acid the stomach produces. It is used to treat ulcers in the stomach and intestines as well as heartburn and erosive esophagitis caused by gastroesophageal reflux disease. The patient is currently taking Advil, aspirin, Flexeril, lipitor and Tylenol. The progress report dated 09/05/2013 documents, "Patient complains of gastritis." The physician does not explain what this gastritis is due to, however, upon further review, it appears that the physician is prescribing a PPI in conjunction with the patient's aspirin regimen. In this case, MTUS does recommend the prophylactic use of a Proton Pump Inhibitor (PPI) as a protective effect for patients on an aspirin regimen along with NSAID. The physician also documented gastritis with medications. H2-blocker is similar to PPI's and Nizatidine may be appropriate in this patient. Therefore, the retrospective request for prescription for Nizatidine 150mg, #120 dispensed on 12/02/2013 is medically necessary and appropriate.