

<b>Case Number:</b>	CM14-0011298		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Neurosurgery, 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 injured worker is a 48-year-old male who was injured on December 7, 2004. The record demonstrates complaints of bright red blood per rectum alleviated with the use of a stool softener. The most recent progress note provided for this review is dated December 16, 2013. The injured is documented as returning with continued low back pain that has remained stable. The pain is rated as 6/10 and the injured endorses pain improvement with utilization of a Transcutaneous Electrical Nerve Stimulation (TENS) unit, but has run out of supplies. The record shows low back pain radiating to both lower extremities. The injured is currently utilizing opioid pain medications. The examination documents diminished lumbar range of motion and a positive straight leg raise. Examination demonstrates diminished strength in the right hip flexors. The utilization review in question was rendered on January 7, 2014. The reviewer noncertified a request for Nizatidine and muscle stimulator supplies. The reviewer indicates the muscle stimulator supplies are for a Transcutaneous Electrical Nerve Stimulation (TENS) unit which is noted as previously helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF NIZATIDINE BETWEEN 12/16/2013 AND 3/7/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS G.I. SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** This request is nonspecific and does not give the dose, number of tablets or number of refills requested. Additionally, the claim is documented as having bright red blood per rectum, the symptoms were alleviated with the use of a stool softener which would appear to indicate an issue with hemorrhoids relevant with gastrointestinal bleeding. The request for an unknown prescription of nizatidine is not medically necessary or appropriate.

**PROSPECTIVE REQUEST FOR 1 MUSCLE STIMULATOR SUPPLIES BETWEEN 1/16/2013 AND 3/7/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE STIMULATOR SUPPLIES,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

**Decision rationale:** The claimant fails to meet criteria for utilization of a Transcutaneous Electrical Nerve Stimulation (TENS) unit as outlined by the MTUS. Specifically, there is no documentation to indicate the short and long term goals of utilization of this unit. The request for muscle stimulator supplies is not medically necessary or appropriate.