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| <b>Case Number:</b>   | CM14-0017226 |                              |            |
| <b>Date Assigned:</b> | 04/14/2014   | <b>Date of Injury:</b>       | 12/20/2006 |
| <b>Decision Date:</b> | 05/30/2014   | <b>UR Denial Date:</b>       | 01/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/11/2014 |

### 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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a 51 year-old male who was injured on December 20, 2006. He has been diagnosed with lumbar sprain with radiculitis, facet hypertrophy, s/p laminectomy and discectomy at L4/5 on November 18, 2010; left knee meniscal tear, s/p partial meniscus resection, on March 16, 2007; recurrent lateral meniscal tear, status post left knee partial medial and lateral meniscectomy on December 13, 2007. According to the November 7, 2013 orthopedic report from [REDACTED], the patient presents with mid and low back pain that travels down both legs to the feet. He takes occasional tramadol and his medications for diabetes and high blood pressure. The plan was to continue with Nizatidine and tramadol. On the February 6, 2014 report, [REDACTED] states the pain is at 7/10 but with tramadol, it is reduced to 5-6/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NIZATIDINE 150MG, SIXTY COUNT,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website [Accessdata.fda.gov](http://Accessdata.fda.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

**Decision rationale:** According to the November 7, 2013 orthopedic report from [REDACTED], the patient presents with mid and low back pain that travels down both legs to the feet. Limited information is available for this IMR. I have been asked to review for Nizatidine. The February 6, 2014, November 7, 2013 and August 22, 2013 reports from [REDACTED] do not discuss efficacy of Nizatidine. I do not have any medical reports with a review of systems for GI issues. The labeled indications for Nizatidine include duodenal or gastric ulcer and GERD (gastroesophageal reflux disease). The available three medical reports do not mention these conditions. The Chronic Pain Medical Treatment Guidelines states an H2 receptor antagonist such as Nizatidine can be used to treat dyspepsia secondary to NSAIDs, but the patient is not reported to currently be on any NSAID. The medical reports did not discuss any of the Chronic Pain Medical Treatment Guidelines risk factors for GI events, that would allow use of Nizatidine on a prophylactic basis. Based on the information provided, the request does not appear to be in accordance with MTUS guidelines. The request for Nizatidine 150mg, sixty count, is not medically necessary or appropriate.

**TRAMADOL 50MG, 200 COUNT,:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section, and the Long-Term Opioid Use Section, Page(s): 113 88-89.

**Decision rationale:** The patient presents with mid and low back pain that travels down both legs to the feet. [REDACTED], states the pain is at 7/10 but with tramadol it comes down to 5-6/10. The Chronic Pain Medical Treatment Guidelines criteria for opioids require a satisfactory response. The Chronic Pain Medical Treatment Guidelines states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The decrease in pain is a satisfactory response according to the definition stated in the Chronic Pain Medical Treatment Guidelines. These guidelines also do not require discontinuation or weaning of opioid medications that are providing a satisfactory response. Therefore, the request for Tramadol 50mg, 200 count, is medically necessary and appropriate.