

<b>Case Number:</b>	CM14-0018964		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	01/16/1998
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in California, Virginia, and Tennessee. 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 63 year old female who sustained an injury on 01/16/98 due to cumulative trauma while lifting heavy loads. The injured worker was followed for chronic neck pain and low back pain since the date of injury. Prior surgical procedures included right partial mastectomy and surgery for acid reflux in 2009. The injured worker was also followed for persistent chronic daily headaches that had not improved with medications such as Topamax which had not improved with medications including Xanax, Norco, Cymbalta, or Ambien. The injured worker was continued on hydrocodone for pain through 11/13. The clinical evaluation on 01/16/14 the injured worker was also attending individual psychotherapy through 01/30/14. The clinical record on 01/17/14 noted continuing medication medications including Ambien, Cymbalta, and Xanax. The injured worker continued to report ongoing neck pain with improvement in right shoulder pain. With medications the injured worker reported pain reduction down to 5/10 on VAS from 8-9/10. Other medications for this injured worker included Ambien, Topamax, Wellbutrin, and Abilify. On physical examination there was some loss of cervical range of motion. There was also tenderness to palpation in the lumbar spine over the paraspinal musculature. The injured worker was prescribed Nizatidine to address medication induced nausea. Nizatidine 150mg quantity 120 was denied by utilization review on 02/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NIZATIDINE 150MG #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Axid. (2013). In Physicians' Desk Reference 67th Ed.

**Decision rationale:** In regards to Nizatidine 150mg quantity 120, this medication was indicated in the treatment of active ulcers or as a maintenance therapy for duodenal ulcers. This medication could also be taken to address heartburn associated with gastroesophageal reflux disease, diagnosed esophagitis, or benign gastric ulcers. From the clinical documentation submitted for review none of these indications were noted in the clinical records. The injured worker had a prior esophageal surgery in 2009 to address gastroesophageal reflux disease. Currently there was no indication of any substantial gastrointestinal side effects with the current medication regimen that would have supported the use of Nizatidine. No other clinical documentation was submitted for review identifying an active ulcer or gastroesophageal reflux disease symptoms. The request for Nizatidine 150mg, #120 is not medically necessary.