

<b>Case Number:</b>	CM14-0140204		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 injured worker is a 48-year-old female with a date of injury of 12/14/2000. Subjective findings are of ongoing, chronic, severe low back and leg complaints, and the patient was suffering from post-laminectomy syndrome. Pain was rated 10/10 without medication, and 6/10 with medication. Medications were noted as helping the patient stay functional and allowing for tolerance of daily activities and home exercises. Physical exam showed decreased lumbar range of motion, decreased but equal reflexes, and decreased lower extremity strength and sensation. Medications include Dilaudid 8mg every 6 hours, Norco 10/325mg every 4-6 hours, Soma, Losartan, Lovastatin, Nizatidine, and Chlorthalidone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nizatidine 150mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and NSAIDs, GI symptoms & cardiovascular risk Pag. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, PPIs

**Decision rationale:** According to California MTUS guidelines, a proton pump inhibitor (PPI) or H2 blocker can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age greater than 65; history of peptic ulcer, GI bleeding or perforation; use of Aspirin, corticosteroids, anticoagulants, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. For this patient, there is no documentation identified that would place this patient in an intermediate or high risk GI category. Furthermore, the patient is not on NSAID therapy, and there is no documentation of ongoing dyspepsia. Therefore, the medical necessity for Nizatidine is not established.

**Dilaudid 8mg #150:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. California Chronic Pain Guidelines list specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, ability to complete of activities of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.