

Case Number:	CM14-0023019		
Date Assigned:	05/14/2014	Date of Injury:	07/20/2004
Decision Date:	08/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational Medicine 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 is a 64-year-old male who has submitted a claim for left lumbar radiculopathy, associated with an industrial injury date of July 20, 2004. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 03/24/2014, showed low back pain with radiation to the left lower extremity into the foot. He has difficulty with prolonged sitting or walking. Due to pain, the patient has difficulty with sitting, standing, and walking. Physical examination revealed ambulation with an antalgic gait. There was slight paralumbar muscle spasm and guarding which was greater on the left side. Range of motion was restricted. Straight leg raising test was positive to the left in sitting position, causing low back, posterior thigh and calf pain. It was negative to the right. Treatment to date has included TENS, home exercise program and medications such as Vicodin for over a year and Nizatidine for at least two years. Utilization review from 02/01/2014 denied the request for the purchase of Vicodin ES #75 because the patient has been on chronic opioid therapy for over a year, which was generally unsupported since there were no extenuating circumstances in the patient's case. Moreover, despite the reported VAS changes with medication use, there was lack of demonstrable and quantified evidence of meaningful benefits as a result of protracted use. While it was acknowledged that the patient was in need of medication to address his chronic pain, medical necessity for treatment with chronic opioid therapy for non-malignant pain was not established. The request for Nizatidine 150mg was denied because the patient has been taking this medication for at least two years; however, review of the records did not reflect any improvement or changes in the reported occasional heartburn as a result of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodine ES #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: As stated on page 91 of CA MTUS Chronic Pain Treatment Guidelines, Vicodin is a combination of hydrocodone and acetaminophen. Guidelines do not recommend long term use of opioids and continued use without documented evidence of objective and functional improvement. Opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. A slow taper to prevent withdrawal is recommended if discontinuing opioids is appropriate. In this case, patient has been taking Vicodin for over a year. The recent medical evaluation showed no improvement of pain with the use of medication. There was no documented evidence of objective or functional improvement associated with its use. CA MTUS requires clear and concise documentation for continued opioid management. Therefore, the request for Vicodin ES #75 is not medically necessary.

Nizatidine mg 150mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), H2 blockers.

Decision rationale: The CA MTUS and ODG do not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that Nizatidine is an anti-acid indicated in the treatment and prevention of ulcers, the treatment of heartburn and the stomach disorder GERD (gastroesophageal reflux disease), as well as conditions associated with excess acid secretion. Nizatidine belongs to a class of medications known as H2-blockers that inhibit the action of histamine on stomach cells, thus reducing stomach acid production. In this case, patient has been on Nizatidine for at least two years. However, there is no documented functional benefits derived from its use. Moreover, the quantity to be dispensed was not specified. Therefore, the request for NIZATIDINE 150MG is not medically necessary.