

Case Number:	CM14-0028523		
Date Assigned:	06/16/2014	Date of Injury:	05/21/2010
Decision Date:	08/19/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 55-year-old female with a reported injury on 05/21/2010. The mechanism of injury was cumulative trauma due to repetitive motion. The clinical note dated 12/16/2013 noted the injured worker complained of right thigh and hip pain. The injured worker did have a history of a total hip arthroplasty of the left side which was performed on 04/12/2012 as well as to the right side which was performed on 05/23/2013. The examination revealed, to the right hip, diffuse soft tissues around the right hip and hypersensitivity to the thigh. The examination on 01/27/2014 did not reveal any improvement from the examination on 12/16/2013. The report revealed that she had decreased range of motion and she had an antalgic gait and stance. The physician did document that she would return to work with modified duty. The list of medications provided were Norco, Voltaren, and nizatidine. The injured worker did have a urine drug test on 08/08/2013, which did reveal that she was adherent to the prescription of the hydrocodone. There were no other drugs noted in the urine drug screen to suggest that there might be any behavioral drug related behaviors. The Request for Authorization for the medications was not provided. The provider recommended Tramadol for chronic low back pain and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 60 HYDROCODONE BIT/ACETAMINOPHEN 7.5/325MG: 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): 78-80,124.

Decision rationale: The retrospective 60 hydrocodone/acetaminophen 7.5/325 mg is not medically necessary. The injured worker had a total hip arthroplasty on the left side on 04/12/2012 and on the right side on 05/23/2013. The injured worker did have a urinalysis that is adherent and consistent with the prescription that was provided. The California MTUS Guidelines recommend, for ongoing management, documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. There is a lack of evidence of pain relief and efficacy of the medications. There are no reported side effects. There is evidence of objective functional improvement. The guidelines do suggest continuing the opioids if the patient has improved functioning and pain. There is no evidence, again, of functional improvement and/or efficacy of the pain management. Furthermore, the date is not specified as to the request for the retrospective request for 60 tablets of hydrocodone. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the retrospective 60 hydrocodone/acetaminophen is not medically necessary.

RETROSPECTIVE 60 NIZATIDINE 150MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for retrospective 60 of nizatidine 150 mg is not medically necessary. The injured worker has had a total hip arthroplasty on the left side on 04/12/2012, and on the right side on 05/23/2013. The California MTUS Guidelines recommend that medications for the gastrointestinal system are for NSAIDs, and there is no evidence that the injured worker is on an NSAID at this time. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID. The guidelines note for treatment of dyspepsia secondary to NSAID therapy, stopping the NSAID, switching to a different NSAID, or consideration for adding H2-receptor antagonists or a proton pump inhibitor would be recommended. There is no evidence that the injured worker is on an NSAID and there is no evidence of aspirin, corticosteroids, or an anticoagulant. The injured worker is under the age of 65 and there are no complaints of gastric issues such as nausea, vomiting, diarrhea, or constipation. Furthermore, the retrospective does not specify the date as to which it is referring, and there are no directions as far as frequency and duration. Therefore, the request for the retrospective 60 nizatidine is not medically necessary.

