

Case Number:	CM14-0032115		
Date Assigned:	06/20/2014	Date of Injury:	07/01/2008
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery, 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 49-year-old female who was reportedly injured on July 1, 2008. The mechanism of injury was noted as insidious onset of elbow pain. The most recent progress note dated February 6, 2014, indicated that there were ongoing complaints of neck pain, bilateral elbow pain and wrist pain. Current medications were stated to include Aleve, Motrin, Soma and Vicodin. There was also the use of a transcutaneous electrical nerve stimulator (TENS) unit. The physical examination demonstrated tenderness along the cervical spine musculature and medial trapezius muscles. There was a positive Spurling's test of the left and the right. There was a positive Tinel's test at the left elbow. There was also tenderness at the left distal radius. Diagnostic imaging studies objectified diffuse degenerative disc disease and a broad based disc protrusion at C6-C7. There was a request for a neurosurgery consultation and an orthopedic spine consultation. There was also a request for a pain management consult, a cervical pillow and a Thermacare moist heating pad. Hydrocodone, Soma and nizatidine were prescribed. Previous treatment included elbow injections, physical therapy and bilateral carpal tunnel surgery. A request had been made for nizatidine and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidin 150mg #120 DOS: 2/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a694030.html>.

Decision rationale: Nizatidine is a histamine Type II blocker medication often used to treat gastrointestinal problems such as reflux, heart burn and acid indigestion. There was no mention in the attachment record that the injured employee has any type of gastrointestinal problems whatsoever. For this reason, this request for Nizatidine is not medically necessary.