

Case Number:	CM14-0045460		
Date Assigned:	06/27/2014	Date of Injury:	12/23/2004
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 12/23/04. A utilization review determination dated 3/21/14 recommends non-certification of Nizatidine. Carisoprodol was modified from #90 with 2 refills to #68 with no refills. 3/11/14 medical report identifies that the left arm has been hurting more than normal for the past month. He wakes up and it feels as if his hands are swollen. He continues to have postsurgical upper extremity numbness and severe spasms. He has finished postop PT and feels worse than before. TENS significant helps with pain and shoulder spasms. Pain is 10/10 without medication and 6/10 with medication. Current pain is 8/10. Medications are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. On exam, there is tenderness and pain in the right elbow, decreased BUE strength, and decreased sensation left L6, right C6, C7, and C8. Medications include Nizatidine (PRN nausea), Omeprazole (PRN medication-induced gastritis/heartburn), Naproxen, Gabapentin, Carisoprodol, and Percocet. Transportation was recommended to the surgeon's office as the patient is unable to drive this distance with his upper extremity issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nizatidine 150, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearing House Guidelines. University of Michigan health system, Gastroesophageal Reflux Disease (GERD). Ann Arbor

(MI) University of Michigan Health System; 2012 May 12. P (11 references)
Disease/Condition(s) Gastroesophageal Reflux Disease (GERD).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for Nizatidine, California MTUS states that medications such as H2-receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. The provider notes that it is for nausea, but that is not a supported indication and there is also no documentation of any subjective complaints of nausea. Furthermore, there is no clear indication for its use concurrently with a proton pump inhibitor given their overlapping effects. In light of the above issues, the currently requested Nizatidine is not medically necessary.

Carisoprodol 350 mg, #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Carisoprodol, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no clear rationale for long-term use of the medication despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested Carisoprodol is not medically necessary.

1 TRANSPORTATION: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm.

Decision rationale: Regarding the request for Transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated.

Within the documentation available for review, it is noted that the patient cannot drive long distances due to upper extremity issues, but there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested Transportation is not medically necessary.