

Case Number:	CM14-0066293		
Date Assigned:	07/11/2014	Date of Injury:	10/13/2004
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 53-year-old male injured on 10/13/04 due to undisclosed mechanism of injury. Current diagnoses included post-laminectomy syndrome in the lumbar spine, lumbar disc displacement without myelopathy, and degenerative disc disease lumbar spine. Clinical note dated 03/19/14 indicated the injured worker presented complaining of low back pain radiating to the left lower extremity. The injured worker reported recent reduction of use of Flexeril. The injured worker also reported ability to work a full time job without difficulty with current medication regimen. The injured worker reported pain 6/10 with increase to 8/10 with activities such as bending, prolonged walking, or absence of medications and 0-1/10 with medications. Physical examination revealed mild tenderness to palpation over bilateral lumbar paraspinal muscles, positive lumbar facet loading maneuvers bilaterally, negative straight leg raise bilaterally, sensation intact to light touch throughout the upper extremities and lower extremities, and motor strength 5/5 and symmetric to bilateral upper extremities and lower extremities. Medications included hydrocodone 10-325mg every six hours, gabapentin 600mg three times daily, Anaprox 550mg twice daily, and Nizatidine 150mg twice daily. Initial request for hydrocodone 10-325mg #120 and Nizatidine 150mg #61 with refill was non-certified on 05/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Hydrocodone 10/325mg #120 is recommended as medically necessary at this time.

Nizatidine 150 mg #60 1 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the current ACOEM guidelines, concomitant prescriptions of cytoprotective medications (H2 blockers) are recommended for patients at substantially increased risk for gastrointestinal bleeding. Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Nizatidine 150 mg #60 with 1 refill is recommended as medically necessary.