

Case Number:	CM14-0184428		
Date Assigned:	11/12/2014	Date of Injury:	02/05/2003
Decision Date:	01/28/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine, and is licensed to practice in Arizona. 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 woman with a work related injury dated 2/5/03 resulting in chronic back pain. The patient was evaluated by the primary treating physician on 4/29/14. The diagnosis include degenerative lumbar/lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy and thoracic sprain and strain. The progress note is hand written and difficult to read. There is no documented indication of stomach problems. Under consideration is the medical necessity of the H-2 blocker, Axid (Nizatidine) which was denied on 10/14/14 during utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axid 150mg 1 po bid #60: Upheld

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

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: www.UptoDate.com. Nizatidine: Drug Information

Decision rationale: The MTUS is silent regarding the use of Nizatidine. The FDA approved uses of Nizatidine include the treatment and maintenance of duodenal ulcer; treatment of benign

gastric ulcer; treatment of gastroesophageal reflux disease (GERD). The documentation does not support that the patient has any of these diagnosis. The continued use of Nizatidine is not medically necessary.