

Case Number:	CM14-0193705		
Date Assigned:	12/01/2014	Date of Injury:	03/02/2009
Decision Date:	01/29/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 Family Practice 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 63 year old male patient who sustained a work related injury on 3/2/2009. The exact mechanism of injury was not specified in the records provided. The current diagnoses include hypertension, irritable bowel syndrome, gastritis, and constipation. Per the doctor's note dated 7/3/14, patient has complaints of pain in the low back and knee. Physical examination of the revealed normal CBC, normal vitals, normal cardiovascular, GI and respiratory examination, normal neurological examination, no tenderness on palpation. The current medication lists include Xolido cream, Nizatidine, Omeprazole, Tramadol, Hyzaar, and Ondansetron. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. He has had a urine drug toxicology report on 7/11/14 that was consistent for Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk Page. Decision based on Non-MTUS Citation Thomson Micromedex, FDA-Labeled Indications.

Decision rationale: This is a request for Nizatidine 150 mg #60 which is H2 receptor antagonists. Per the CA MTUS NSAIDs guidelines cited below, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." Any recent detailed clinical evaluation note is not specified in the records provided. Per the doctor's note dated 7/3/14, physical examination of the revealed normal CBC, normal vitals, normal cardiovascular, GI and respiratory examination, normal neurological examination, no tenderness on palpation. A history of GI symptoms or any evidence of high risk for GI events are not specified in the records provided. According to the Thomson Micromedex , FDA labeled indications are "Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome." Any of the above listed indications in this patient, are not specified in the records provided .The medical necessity of Nizatidine 150 mg #60 is not established for this patient.

Tramadol ER 150, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official disability guidelines (ODG) Pain, opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain Page(s): 75; 82.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Any recent detailed clinical evaluation note of treating physician was not specified in the records. Per the doctor's note dated 7/3/14, physical examination of the revealed normal CBC, normal vitals, normal cardiovascular, GI and respiratory examination, normal neurological examination, no tenderness on palpation. Any significant functional deficits that would require Tramadol was not specified in the records provided. The patient is having chronic pain and is taking Tramadol for this injury. Response to Tramadol in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. Short term or prn use of Tramadol for acute exacerbations would be considered reasonable appropriate and necessary. However, any evidence of episodic exacerbations of

severe pain was not specified in the records provided. The rationale for Tramadol ER 150, #60 for episodic exacerbations of severe pain was not specified in the records provided. The need for Tramadol on a daily basis with lack of documented improvement in function is not fully established. The medical necessity of the request for Tramadol ER 150, #60 is not fully established for this injury.

Omeprazole 20 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20 mg, #30 is not fully established in this patient.