

Case Number:	CM14-0204858		
Date Assigned:	12/17/2014	Date of Injury:	08/15/2011
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine, 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:

Injured worker (IW) is a 68 female who sustained an industrial injury on 08/15/11. 06/04/14 AME report stated that she was injured when she tripped and fell at work. She reported multiple musculoskeletal complaints. Current medications included naproxen, Norco, Lipitor, Plaquenil, Losartan, Norvasc, and omeprazole. Impairment was addressed, but no future treatment recommendations were documented. 06/10/14 and 10/07/14 office notes documented use of naproxen, hydrocodone/APAP, and omeprazole for stomach irritation. Blood pressure or abdominal exam were not documented. She was continued on omeprazole, hydrocodone/APAP, and naproxen. 07/23/14 office note documented no change in reflux symptoms and complaints of some vomiting. Blood pressure was 137/70. Abdominal exam was normal. Omeprazole dosage was increased and nizatidine was added. 07/14/14 AME supplemental report stated that on a secondary basis IW developed upper/lower gastrointestinal problems, sleep disturbance, and chronic hypertension. 08/06/14 office note stated that claimant requires access to a gastroenterologist, internist, or family physician skilled in the care of gastrointestinal issues. Note stated that she requires acid suppressing medications on an industrial basis. Note stated that she requires care by an internist or cardiologist or family physician skilled in the care of hypertension and should see this doctor 4-6 times per year. Note stated that she would require lifelong access to anti-hypertensive medications. Subsequent office notes documented ongoing musculoskeletal and abdominal complaints which were treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg #60, 0 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/druginfo.ctm?id=23341>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Mainie I, Tutuian R, Castell DO. Addition of a H2 receptor antagonist to PPI improves acid control and decreases nocturnal acid breakthrough. J Clin Gastroenterol. 2008 Jul;42(6):676-9.doi: 10.1097/MCG.0b013e31814a4e5c.

Decision rationale: Nizatidine (Axid) is a histamine H2-receptor antagonist that inhibits stomach acid production. Recommended dosage for Nizatidine in adults is 600 mg at bedtime or 150 mg twice daily. MTUS recommends addition of a proton pump inhibitor or H2 blocker for patients experiencing dyspepsia with oral NSAIDs. Office notes documented GI complaints associated with chronic use of the NSAID naproxen, and incomplete relief with the PPI omeprazole. There is some evidence that addition of an H2 blocker to PPI therapy may reduce excursions of gastric pH below 4 and nocturnal acid breakthrough. The requested Nizatidine is reasonable and medically necessary.

Omeprazole 20mg DR bid #60: Overturned

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

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

Decision rationale: MTUS recommends use of a proton pump inhibitor (PPI) as a gastro protective agent for at-risk patients receiving oral NSAIDs. Due to documented GERD symptoms associated with chronic use of oral naproxen in this case, the requested omeprazole is reasonable and medically necessary.

Hyzaar 100mg-25mg #30, qd, 0refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual,

<http://www.merckmanuals.com/professionals/sec07/ch071/ch071o.html#sec07-ch071-ch071a-431j>

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: James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J, Lackland DT, LeFevre ML, MacKenzie TD, Oggedegbe O, Smith SC Jr, Svetkey LP, Taler SJ, Townsend RR, Wright JT Jr, Narva AS, Ortiz E. 2014 evidence-based guideline for the

management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5;311(5):507-2

Decision rationale: Hyzaar 100/25 is a blood pressure medication combining 100 mg of the angiotensin II receptor II antagonist losartan with 25 mg of the diuretic hydrochlorothiazide. Per AME report, IW has been diagnosed with chronic hypertension on an industrial basis. Blood pressure appears to be well controlled with current Hyzaar 100/25, and use of this medication is consistent with evidence-based recommendations including the most recent Joint National Committee guideline. Medical necessity is established for the requested Hyzaar 100/25.