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| Case Number: | CM14-0209130 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 02/14/2003 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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 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:

The injured worker (IW) is a 48-year-old man with a date of injury of February 14, 2003. The mechanism of injury was documented as a cumulative trauma. The injured worker's working diagnoses are sinusitis, chronic; obstructive chronic bronchitis; gastric mucosal hypertrophy; constipation; other specified gastritis; and rhinitis, not otherwise specified. Pursuant to the progress note dated October 28, 2014, the IW complains of persistent neck pain. He is taking Hydrocodone up to 4 times a day. He has trouble falling asleep. Objective physical findings include normal vital signs and normal review of symptoms. Current medications include Lyrica 100mg, Avelox 400mg, Flonase 50mcg, Nizatidine 150mg, Azithromycin 500mg, Ventolin HFA inhaler, Advair 250mcg, and Singulair 10mg. The IW is not taking any anti-inflammatory medications. Documentation indicated the IW has been taking Nizatidine 150mg since September 9, 2010. There is no evidence of objective improvement with the ongoing use of Nizatidine. The treating physician reports the IW still has epigastric burning with the use of Nizatidine. The treating physician reports he will add Omeprazole to his Nizatidine. The current request is for Nizatidine 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

Decision rationale: Per guidelines, Nizatidine is an H2 receptor blocker. These drugs are indicated in patients taking nonsteroidal anti-inflammatory drugs or at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history peptic ulcer and G.I. bleeding; concurrent aspirin and steroid use; and high dose or multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker is 48 years old with the date of injury February 14, 2013. The injured worker's working diagnoses (pursuant to the utilization review) are lumbar surgery; lumbar spine disc bulge; probable right knee internal derangement; probable left knee internal derangement; and right elbow internal derangement. The injured worker's diagnoses pursuant to a progress note dated October 28, 2014 are sinusitis chronic; obstructive chronic bronchitis; gastric mucosal hypertrophy; constipation; other specified gastritis; rhinitis. The documentation is unclear as to how these medical problems relate to the specific work injury. Additionally, the documentation is unclear as to how Nizatidine (H2 receptor blocker) is causally related to the injuries and surgeries enumerated in utilization review. Regardless, Nizatidine is not working in the injured worker and the worker has continued left chest pain. Further review of the medical record shows the injured worker is not taking a nonsteroidal anti-inflammatory drug. Consequently, absent a clinical indication/rationale, a closer relationship than the absence of nonsteroidal anti-inflammatory drug use, Nizatidine 150 mg is not medically necessary.