

Case Number:	CM15-0103919		
Date Assigned:	06/08/2015	Date of Injury:	08/19/2011
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 32 year old male sustained an industrial injury to the low back and left hip on 8/19/11. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, psychological care and medications. In a request for authorization dated 4/27/15, the injured worker complained of pain to the left hip and left lower extremities, rated 9-10/10 on the visual analog scale. The injured worker was currently taking Naproxen Sodium. The injured worker reported that Naproxen Sodium was irritating to his stomach. Physical exam was remarkable for severe, out of proportion tenderness to palpation to the lumbar spine with decreased range of motion, positive bilateral straight leg raise, 3/5 tibialis anterior strength and decreased sensation at the L5-S1 distribution. The injured worker walked with a normal gait without limping. The injured worker used a cane to ambulate. The injured worker could not heel or toe walk. Lumbar magnetic resonance imaging showed L5-S1 disc protrusion. Magnetic resonance imaging left hip showed evidence of a small labral tear. The treatment plan included medications (Gabapentin, Celebrex, Nizatidine and Robaxin) and requesting authorization for epidural steroid injections and a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg #60: Upheld

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

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 Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk and Other Medical Treatment Guidelines Uptodate.com, NSAIDs (including aspirin): Primary prevention of gastroduodenal toxicity.

Decision rationale: Nizatidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Uptodate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints." The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally, Uptodate suggests that H2 antagonist at this dose is not useful for to prevent ulcers. As such, the request for Nizatidine 150mg #60 is not medically necessary.