MAXIMUS Federal Services

Case Number:	CM15-0033948		
Date Assigned:	02/27/2015	Date of Injury:	04/05/2012
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 61 year old female with an industrial injury dated 04/05/2012. She presents on 11/05/2014 for medication refill. There is a progress note dated 02/10/2015 with a notation for a 4 week follow up of right knee and "request MRI". Work status was sedentary work only. The above documents are the only records submitted for the review. The only information contained in the records is documented above. On 02/13/2015 the request for Nizatidine 150 mg # 60 one by mouth twice daily was denied by utilization review. Lidocaine Patch 4 percent # 10 apply to affected area 12 hrs. On/off was denied. Diclofenac 100 mg # 30 one by mouth daily was denied. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg #60 1PO BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: Nizatidine (Axid) is an H-2 blocker. MTUS recommends addition of an H-2 blocker for patients who experience dyspepsia with oral NSAIDs. Use of oral diclofenac is documented. However, there is no documented history with GI upset relating to oral NSAIDs. Therefore, medical necessity is not established for the requested nizatidine.

Lidocaine patch 4 percent #10 apply to affected area 12hrs on/off: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: MTUS recommends topical lidocaine as a second-line treatment for neuropathic pain, after trial of first line agents such as an antiepilepsy drug or antidepressant. MTUS does not recommend topical lidocaine for treatment of nociceptive pain. No evidence of neuropathic pain is documented in this case. No trial of first-line medication is documented. Therefore, medical necessity is not established for the requested lidocaine patch.

Diclofenac 100mg #30 1PO QD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69 of 127. Decision based on Non-MTUS Citation ODG Pain Chapter, Diclofenac.

Decision rationale: For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS cautions regarding potentially serious gastrointestinal, cardiovascular, renal, and hepatic adverse events associated with NSAIDs. ODG considers diclofenac to be a second-line NSAID due to its cardiovascular risk profile, which is greater than that of rofexocib, a drug removed from the market due to cardiovascular concerns. A detailed assessment of potential risks versus benefits of NSAID therapy is not documented. Response to diclofenac is not documented. A trial of a first-line NSAID such as naproxen is not documented. Monitoring for side effects, including blood pressure measurements and periodic laboratory studies, is not documented. Based upon the available information and evidence-based guidelines, medical necessity is not established for the requested diclofenac.