

<b>Case Number:</b>	CM15-0037951		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old male who reported an injury on 12/10/2004. The mechanism of injury was not specifically stated. The current diagnoses include status post right carpal tunnel release, cervical spine sprain, cervical radiculopathy, right shoulder sprain, and left shoulder/elbow strain. The injured worker presented on 02/27/2015 for a follow-up evaluation. Upon examination of the cervical spine, there was a positive Spurling's maneuver. Examination of the right shoulder revealed tenderness at the AC joint and the subacromial area, moderate trapezius test, and positive impingement sign. There was 4/5 weakness on flexion and abduction. Recommendations included a referral to an orthopedic surgeon and continuation of the current medication regimen of Ultram 50 mg and Axid. A Request for Authorization form was then submitted on 02/27/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Axid 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. Updated: 02 March 2015. U.S. National Library of Medicine, U.S. Department of Health and Human Services National Institutes of Health. Nizatidine. Nizatidine is used to treat and prevent the recurrence of ulcers and to treat other conditions where the stomach makes too much acid. Nizatidine also is used to treat or prevent occasional heartburn, acid indigestion, or sour stomach. It decreases the amount of acid made in the stomach. Nizatidine is available with and without a prescription.

**Decision rationale:** According to the U.S. National Library of Medicine, nizatidine is used to treat and prevent the recurrence of ulcers and to treat other conditions where the stomach produces too much acid. In this case, there is no indication that this injured worker is currently utilizing non-steroidal anti-inflammatory medication. There is no indication that this injured worker is at increased risk of gastritis. The medical necessity for the requested medication has not been established in this case. The request as submitted also fails to indicate a frequency. Therefore, the request is not medically appropriate.