

Case Number:	CM15-0041070		
Date Assigned:	03/11/2015	Date of Injury:	02/06/2012
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 42 year old male injured worker suffered an industrial injury on 2/6/2012. The diagnoses were complete rupture of the rotator cuff. The diagnostic studies were electromyographies. The treatments were medications, acupuncture, physical therapy, shoulder arthroscopy, and left elbow lateral release. The treating provider reported 5/10 pain in the left shoulder that was throbbing and sharp with numbness and tingling. On exam there was tenderness to palpation, with reduced range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg, #60, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Nizatidine is a H2 blocker used for acid reflux. Although the guidelines do not specifically mention H2 blockers, it does provide guidelines for PPI which are used for more

severe but similar indications. According to the MTUS guidelines, a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant has been on H2 blockers for over 2 years including prior use of Zantac. Long-term use is not indicated. In addition, the claimant had been on Voltaren, an NSAID and there are no mentions whether this medication can be substituted to avoid continued need for Nizatidine. Therefore, the continued use of Nizatidine is not medically necessary.