

Case Number:	CM15-0054882		
Date Assigned:	03/30/2015	Date of Injury:	10/10/2008
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 10/10/08. She reported initial complaints of back injury. The injured worker was diagnosed as having degenerative spondylolisthesis L4-L5; spinal stenosis; esophageal reflux and heartburn. Treatment to date has included status post lumbar spine fusion (5/30/12); post-surgery epidural steroid injections; medications. Currently, per PR-2 hand written notes dated 4/2/15, the injured worker indicates her stomach is doing much better overall. She does not have any significant heart burn or reflux taking prescribed medication. She had the heart burn and reflux prior to the lumbar spine surgery per submitted documentation. The provider's treatment plan includes following a GERD diet, avoid all NSAID's and renewal of Nizatidine 150mg #60 and Pantoprazole 40mg #60.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 and 68.

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

Decision rationale: The patient presents with esophageal reflux and heartburn. Current complaints are of mild epigastric tenderness and of occasional reflux after eating certain foods despite following a GERD diet. The current request is for Nizatidine 150mg #60. Nizatidine is histamine H2 antagonist. It works by reducing acid in the stomach by blocking one of the chemicals (histamine) that stimulate production of stomach acid. Nizatidine is used for treating and preventing ulcers. It is also used to treat gastroesophageal reflux disease (GERD) and to treat and maintain healing of erosive esophagitis. The treating physician report dated 5/8/14 (563B) states; she denies prior history of gastritis or peptic ulcer disease or significant upper GI symptomatology prior to her back injury. The report goes on to note she has been prescribed NSAIDs from the onset of her injury by different physicians. More recently however, the treating report dated 4/2/15 (580B) states, her stomach is doing much better overall. She does not have any significant heartburn or reflux. The report goes on to state, on high does PPI and as-needed H2 blocker; her GI symptoms are well controlled. Finally, the report notes the patient is reaching MMI status and she needs to continue to avoid all oral NSAIDs and follow GERD diet, keep head in bed at a 30 degree angle. MTUS Guidelines under NSAIDs, GI symptoms & cardiovascular risk states Recommendation with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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). MTUS further states Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the patient has stopped her oral NSAID usage, is not more than 65 years in age, does not have a history of peptic ulcers, GI bleeding or perforations and does not have concurrent use of ASA, corticosteroids, and/or anticoagulant. Therefore, the current request is not medically necessary.

Pantoprazole 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 and 68.

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

Decision rationale: The patient presents with esophageal reflux and heartburn. Current complaints are of mild epigastric tenderness and of occasional reflux after eating certain foods despite following a GERD diet. The current request is for Pantoprazole 40mg #60. Pantoprazole (Protonix, Protonix IV) is a proton pump inhibitor that decreases the amount of acid produced in the stomach. Pantoprazole is used to treat erosive esophagitis and other conditions involving excess stomach acid. The treating physician report dated 5/8/14 (563B) states; she denies prior history of gastritis or peptic ulcer disease or significant upper GI symptomatology prior to her back injury. The report goes on to note she has been prescribed NSAIDs from the onset of her injury by different physicians. More recently however, the treating report dated 4/2/15 (580B)

states, her stomach is doing much better overall. She does not have any significant heartburn or reflux. The report goes on to state, on high does PPI and as-needed H2 blocker; her GI symptoms are well controlled. Finally, the report notes the patient is reaching MMI status and she needs to continue to avoid all oral NSAIDs and follow GERD diet, keep head in bed at a 30 degree angle. MTUS Guidelines under NSAIDs, GI symptoms & cardiovascular risk states Recommendation with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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). MTUS further states: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, the patient has stopped her oral NSAID usage, is not more than 65 years in age, does not have a history of peptic ulcers, GI bleeding or perforations and does not have concurrent use of ASA, corticosteroids, and/or anticoagulant. Therefore, the current request is not medically necessary.