

Case Number:	CM15-0088795		
Date Assigned:	05/13/2015	Date of Injury:	10/15/2001
Decision Date:	06/12/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/08/2015

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: North Carolina
 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 injured worker is a 69 year old female, who sustained an industrial injury on 10/15/01. The injured worker was diagnosed as having hypertension, and acute gastritis. Treatment to date has included medications. A physician's report dated 2/23/15 noted blood pressure was 151/77; the report noted Nizatidine and Hyzaar were first prescribed on 8/12/14. A report dated 2/26/15 noted Nizatidine was prescribed for the stomach problems the injured worker was having and Hyzaar was prescribed for recent high blood pressure. The injured worker was also taking Losartan. Currently, the injured worker complains of having wide swings in blood pressure. The treating physician requested authorization for Nizatidine 150mg #60 and Hyzaar 50/12. 5mg #30 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg/capsules, 1 capsule orally 2 times per day, #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, axid.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The physician desk reference states the requested medication is a H2 blocker indicated in the treatment of peptic ulcer disease, GERD and dyspepsia. The patient has the diagnosis of dyspepsia and therefore the request is medically necessary.

Hyzaar 50/12. 5mg/tablets, 1 tablet orally every day, #30 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, hyzaar.

Decision rationale: The California MTUS, ODG and ACOEM do not directly address the requested service. The physician desk reference states the requested medication is a combination medication indicated as a primary treatment for essential hypertension. The patient has the diagnosis of essential hypertension and no contraindications to the medication and therefore the request is medically necessary.