

Case Number:	CM14-0163875		
Date Assigned:	10/08/2014	Date of Injury:	12/14/2000
Decision Date:	11/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 48-year-old female with a 12/14/00 date of injury, and an anterior instrumented decompression and fusion at L5-S1 on 6/3/02. At the time (10/1/14) of Decision for Nizatidine 150mg #60 and Dilaudid 8mg #30, there is documentation of subjective (chronic severe low back pain and leg pain with associated bilateral leg symptoms) and objective (tenderness to palpitation over the thoracic and paraspinal muscles, decreased range of motion of the lumbar spine, positive bilateral straight leg raise, decreased strength of the left tibialis anterior and left extensor hallucis longus, decreased deep tendon reflexes of the lower extremities, and decreased sensation in the lefty L4,L5, and S1 dermatomes) findings, current diagnoses (lumbar radiculopathy, lumbar spine degenerative disc disease, status post anterior instrumented decompression and fusion at L5-S1, and lumbar disc herniation at L5-S1), and treatment to date (medications (including ongoing treatment with Nizatidine and Dilaudid since at least 6/6/14)). Medical reports identify a medication management agreement; and a decrease in pain level, increase in mobility and tolerance of ADL's and home exercises, and patient remains functional, as a result of medication use. Regarding Nizatidine, there is no documentation of gastric or duodenal ulcers, heartburns, or erosive esophagitis caused by gastroesophageal reflux disease (GERD).

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/nizatidine.html> and Title 8, California Code of Regulations, section 9792.20

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address this issue. Medical Treatment Guideline identifies documentation of gastric or duodenal ulcers, heartburns, or erosive esophagitis caused by gastroesophageal reflux disease (GERD), as criteria necessary to support the medical necessity for Nizatidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar spine degenerative disc disease, status post anterior instrumented decompression and fusion at L5-S1, and lumbar disc herniation at L5-S1. However, there is no documentation of gastric or duodenal ulcers, heartburns, or erosive esophagitis caused by gastroesophageal reflux disease (GERD). Therefore, based on guidelines and a review of the evidence, the request for Nizatidine 150mg #60 is not medically necessary.

Dilaudid 8mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar spine degenerative disc disease, status post anterior instrumented decompression and fusion at L5-S1, and lumbar disc herniation at L5-S1. In addition, given documentation of medication management agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of a

decrease in pain level, increase in mobility and tolerance of ADL's and home exercises, and patient remains functional, as a result of medication use, there is documentation of functional benefits and improvement as an increase in activity tolerance as a result of Dilaudid use to date. Therefore, based on guidelines and a review of the evidence, the request for Dilaudid 8mg #30 is medically necessary.