

<b>Case Number:</b>	CM14-0161313		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 71-year-old male who sustained an industrial injury to the right shoulder, elbow, knee and ankle on 04/16/2013. Diagnoses include shoulder pain, knee pain, forearm pain, joint pain-ankle and epicondylitis. Treatment to date has included NSAIDs, physical therapy, cortisone injection to the right elbow and acupuncture. MRIs were done of the right shoulder, right knee and right ankle. The IW had a history of heart problems. Current medications included Fenoprofen 200mg capsules-one twice daily as needed. According to the progress notes dated 9/17/14, the IW reported pain rated 5/10 in the right shoulder, elbow, knee, ankle, and complaints of gastritis/reflux due to the Fenoprofen. A request was made for a prescription of Nizatidine 150mg, #60 to address the gastrointestinal issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nizatidine 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a694030.html>.

**Decision rationale:** Pursuant to Medline plus, Nizatidine 150 mg #60 is not medically necessary. Nizatidine is used to treat and prevent the recurrence of ulcers, occasional heartburn, and acid indigestion was sour stomach. It decreases the amount of acid in the stomach. It is available with and without a prescription. In this case, the injured worker's working diagnoses are shoulder pain; knee pain; forearm pain; joint pain, ankle; and epicondylitis. According to a progress note dated August 28, 2014, the injured worker was taking hydrocodone. On August 28, 2014, the injured worker was started on Fenoprofen. According to a progress note dated September 17, 2014, the injured worker was started on both Omeprazole and Nizatidine 10 mg. There is no clinical indication or rationale for starting both a proton pump inhibitor and an H2 receptor blocker. There is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. There are no comorbid conditions or past medical history indicating H2 receptor blockade or proton, pump inhibitors are clinically indicated. Consequently, absent clinical documentation with a clinical indication and rationale for Nizatidine over and above the proton pump inhibitor in the absence of comorbid conditions or risk factors for gastrointestinal events, Nizatidine 150 mg #60 is not medically necessary.