

Case Number:	CM15-0005926		
Date Assigned:	01/20/2015	Date of Injury:	01/01/2004
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 a 52-year-old female who reported injury on 01/01/2004. The mechanism of injury and diagnostic studies were not provided. The documentation of 11/20/2014 was for a retro appeal and reconsideration for medication nizatidine, tramadol 37.5/325, and nabumetone 750 mg. The documentation indicated the injured worker demonstrated ongoing needed benefit for the medication regimen that was being prescribed. The medications provided adjunctive therapy. The injured worker was noted to be utilizing nizatidine 150 mg as of 05/27/2014. The documentation indicated that per the office note dated 05/27/2014, the injured worker had complaints of bilateral knee pain and the objective examination revealed tenderness to palpation over the medial joint lines in the bilateral knees and the gait was antalgic. The documentation indicated the injured worker had trialed chiropractic therapy and physical therapy, as well as cortisone injections and Synvisc injections. The injured worker had an arthroscopic knee surgery performed on 11/12/2004 and again on 07/12/2005. The injured worker was noted to undergo an EMG in 2006. The injured worker underwent a lumbar MRI. There was a Request for Authorization submitted for review dated 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg #60, 1 po BID (retro auth): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend H2 blockers for the treatment of dyspepsia secondary to NSAID therapy and that injured workers should be assessed to find out if they are at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of proton pump inhibitors. There was no office note submitted for the date of 05/27/2014, however, the physician gave a brief summary in his documentation of 11/20/2014. There was a lack of documentation indicating the injured worker had been found to be at risk for gastrointestinal events. The request as submitted failed to indicate the date for the request. Given the above, the request for Nizatidine 150mg #60, 1 po BID (retro auth) is not medically necessary. There was a lack of documentation of GI upset symptoms.