

Case Number:	CM15-0101810		
Date Assigned:	06/04/2015	Date of Injury:	08/21/2012
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 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:

This is a 42-year-old female, who sustained an industrial injury on 8/21/2012. The mechanism of injury is unknown. The diagnoses include cervical posterior fusion of cervical 2-5, cervical strain, cervical degenerative arthritis, cervical radiculitis and right wrist strain. Per the progress notes dated 4/28/2015, she had complains of neck pain with radiation to shoulders and deltoid region. Physical examination revealed cervical spine tenderness and decreased cervical range of motion. The medications list includes tylenol, nabumetone, cymbalta, norco and prilosec. Per the note dated 4/17/15, she had stomach pain with nabumetone. The treating physician is requesting Nizatidine 150 mg #60. She has had cervical CT on 2/18/14 and cervical x rays showed a solid arthrodesis. She has undergone cervical fusion on 4/28/2014. She has had acupuncture and physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizantidine 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68-69. Decision based on Non-MTUS Citation Thompson Micromedex Nizatidine Hydrochloride-FDA-Labeled Indications.

Decision rationale: Request; Nizatidine 150mg #60. According to the Thompson Micromedex , FDA labeled indications for ranitidine are "Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when; "(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)." Per the note dated 4/21/15, she had stomach pain with nabumeton. The patient's medication list already includes omeprazole (Prilosec). The response to the omeprazole is not specified in the records provided. Rationale for additional medications for the GI symptoms is not specified in the records provided. In addition, recent note dated 4/28/15 did not document GI symptoms or a GI examination. The medical necessity of Nizatidine 150mg #60 is not medically necessary for this patient.