

<b>Case Number:</b>	CM15-0173524		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, 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:

This 28 year old man sustained an industrial injury on 2-6-2013. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 4-19-2013 and electromyogram and nerve conduction studies dated 11-6-2013. Diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, sciatica, and left lower extremity weakness. Treatment has included oral medications and chiropractic care. Physician notes dated 8-5-2015 show complaints of low back pain rated 4-8 out of 10 with radiation to the bilateral lower extremities, hips, and left shoulder as well as sleep disturbances due to pain and depression. The physical examination shows no scoliods or palpable step off on the lumbar spine, mild kyphosis, limited range of motion, tenderness to palpation of the paraspinals and spinous processes, bilateral sacroiliac joints and spinous process, negative straight leg raise bilaterally, positive axial load test, full hip and knee range of motion, antalgic gait, normal strength, and diminished sensation in the L4, L5, and S1 dermatomes. Recommendations include stop Ultracet, begin Norco, Methocarbamol, Nizatidine, Gabapentin, Colace, Senna, cognitive behavioral therapy, continue physical therapy, multidisciplinary evaluation for admittance into a functional rehabilitation program, ice and heat, and follow up in four weeks.

### 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 Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<https://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 and to treat other conditions where the stomach makes too much acid. Nizatidine also is used to treat or prevent occasional heartburn, acid indigestion, or sour stomach. It decreases the amount of acid made in the stomach. Nizatidine is available with and without a prescription. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar degenerative disc disease; sciatica; and left lower some of the weakness. The date of injury is February 6, 2013. Request for authorization is August 5, 2015. According to a June 23, 2014 progress note, medications include Norco, Zanaflex, Zorvolex and Omeprazole. According to an August 5, 2015 progress note, subjective complaints include depression and insomnia with low back pain. Current medications include Norco, Zanaflex, Zorvolex and Omeprazole. The treatment plan states continue Methocarbamol and Nizatidine. The documentation does not indicate the worker was taking Methocarbamol and Nizatidine. As a result, there is no clinical indication or rationale for taking/refilling Methocarbamol and Nizatidine. There is no documentation of comorbid conditions or risk factors for gastrointestinal events. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, comorbid conditions or risk factors for GI events and a clinical indication and rationale for Nizatidine, Nizatidine 150 mg #60 is not medically necessary.

**Methocarbamol 750mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol 750 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar degenerative disc disease; sciatica; and left lower some of the weakness. The date of injury is February 6, 2013. Request for authorization is August 5, 2015. According to a June 23, 2014 progress note, medications include Norco, Zanaflex, Zorvolex and Omeprazole. According to an

August 5, 2015 progress note, subjective complaints include depression and insomnia with low back pain. Current medications include Norco, Zanaflex, Zorvolex and Omeprazole. The treatment plan states continue Methocarbamol and Nizatidine. The documentation does not indicate the worker was taking Methocarbamol and Nizatidine. As a result, there is no clinical indication or rationale for taking/refilling Methocarbamol and Nizatidine. The documentation shows the injured worker has been taking Zanaflex (a muscle relaxant) as far back at June 2014. The guidelines recommend muscle relaxants for short-term use. Treating provider continued Zanaflex in excess of 15 months (at a minimum). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for Methocarbamol, no rationale for continuing muscle relaxants in excess of 15 months and no compelling clinical documentation to support ongoing muscle relaxant use, Methocarbamol 750 mg #30 is not medically necessary.