

Case Number:	CM15-0074710		
Date Assigned:	04/24/2015	Date of Injury:	01/07/2014
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: North Carolina
 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:

The injured worker is a 58-year-old female, who sustained an industrial injury on January 7, 2014. She reported a continuous trauma injury with wrist pain and swelling. The injured worker was diagnosed as having DeQuervain's tenosynovitis of the left wrist. Diagnostics to date has included electromyography/nerve conduction study and x-rays. Treatment to date has included work modifications, bilateral thumb spica wrist splints, bilateral wrist steroid injections, and oral pain, topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On February 12, 2015, the injured worker complains of ongoing bilateral wrist pain that causes swelling, stiffness, stabbing, weakness, giving way, and tenderness radiating to the hand, wrist, and forearm. The pain was rated 10/10. She was wearing bilateral wrist braces, short arm. She was currently taking non-steroidal anti-inflammatory, oral pain, and topical pain medications. The physical exam revealed the Jamar grip strengths: on the right = 22/26/22 and on the left = 22/24/26. There was a positive Finkelstein's test of the left wrist, full range of motion of the right wrist, decreased range of motion of the left wrist due to pain at the first dorsal extensor compartment. The treatment plan includes a histamine 2 antagonist medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nizatidine 150mg #120: 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 PDR, acid.

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the physician desk reference, the requested medication is a H2 blocker indicated in the treatment of dyspepsia, peptic ulcer disease and reflux diseases. The patient does not have any of these primary diagnoses and therefore the request is not medically necessary.