

Case Number:	CM13-0031417		
Date Assigned:	12/04/2013	Date of Injury:	04/12/2002
Decision Date:	01/07/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old male who reported an injury on 04/12/2002. The mechanism of injury was not documented; however, the patient has been diagnosed as having peripheral neuropathy and lumbar radiculopathy. The patient has been treated with different modalities to include oral medications, cognitive behavioral therapy, epidural steroid injections, placement of spinal cord stimulator, and has undergone a lumbar surgery performed in 2007, as well as an upper and lower endoscopy performed on 06/28/2012. The patient has also undergone acupuncture and massage therapy. The patient is being treated for chronic mid and low back pain, and according to his most recent documentation dated 12/07/2013, the patient has reported no significant changes since his prior visit, but continues to express tingling, numbness, and stabbing pain in the back that extends to his feet. The patient rated his pain at 9/10, but stated that it was decreased with medications which allowed increased functioning. On the exam findings, it was noted that the patient had an antalgic gait using a single point cane, he had trembling of the bilateral upper extremities, there was tenderness to palpation, decreased range of motion due to his pain, and he also had decreased sensation to his left C5-C7 and left L5-S1 dermatomal distribution. The patient also had diminished motor strength of his lower extremities, and positive orthopedic test for sciatica. At that time, he was diagnosed with a herniated nucleus pulposus of the lumbar spine with moderate to severe stenosis, and herniated nucleus pulposus of the thoracic spine with cord distortion, myelopathy, neck pain, diabetes, hypertension, and gastritis. It was also noted that the spinal cord stimulator trial initiated on 08/22/2013, resulted in significant pain reduction. The physician is now requesting the prescription for omeprazole 20 mg 30 tablets total as well as ondansetron hydrochloride 4 mg 10 tablets total.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardio vascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardio vascular risk Page(s): 68.

Decision rationale: According the California MTUS Guidelines, a proton pump inhibitor may be beneficial for a patient who is utilizing a nonselective NSAID to avoid a gastrointestinal event. Although this patient has been diagnosed as having chronic pain issues, it is unclear which medications he is currently taking. Therefore, a proton pump inhibitor, such as omeprazole, may not be needed if the patient is not currently taking an NSAID or another medication that may cause gastric upset. As such, the request cannot be warranted at this time.

Prescription of Ondansetron HCL 4mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antiemetics (for opioid nausea), Pain Chapter (Chronic Pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ondansetron (Zofran)..

Decision rationale: California MTUS/ACOEM Guidelines do not address ondansetron HCL. Therefore, Official Disability Guidelines has been referred to in this case. According to Official Disability Guidelines, ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. However, the documentation does not provide any current medication list for this patient. There is only reference to medications that have been requested and not certified. Therefore, it is unclear what medications the patient is utilizing that would necessitate the need for Zofran at this time. As such, the request for Ondansetron HCL cannot be considered medically necessary.