

Case Number:	CM13-0032418		
Date Assigned:	12/11/2013	Date of Injury:	06/18/2008
Decision Date:	01/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/07/2013

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:

This patient is a 41-year-old male who reported an injury on 06/18/2008. The notes indicate that the patient has currently been treated for low back and right shoulder pain. The notes indicate that the patient is diagnosed currently with spondylolisthesis at L5-S1. The most recent clinical notes submitted for this review are dated 07/19/2011 which indicate that the patient was seen for continued symptomatology to the right shoulder with an MRI of the right shoulder having been completed. On physical exam, the patient's right shoulder revealed discomfort in the injury joint line space; however, this was most pronounced over the top of the AC joint with significant symptomatology with a positive O'Brien's maneuver. A review of the patient's MRI of the shoulder revealed a type I SLAP tear of the superior glenoid labrum, degenerative arthritis of the AC joint, with associated joint effusion, and 4 mm of inferior encroachment of the subacromial arch. The medications listed for the patient include naproxen for anti-inflammatory effect, Omeprazole for stomach upset, Ondansetron for nausea, and Tizanidine for spasm as well as Medrox ointment for muscle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Section Page(s): 68.

Decision rationale: The California MTUS states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease should consider use of a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily or a medication such as Misoprostol (200 \hat{I} 4g four times daily); or use of a Cox-2 selective agent. Caution is given with long-term use of proton pump inhibitors as studies of use of PPI's show that use for (> 1 year) has increased the risk of hip fracture. The prescription for Omeprazole DR 20 mg is not medically necessary and appropriate. The documentation submitted for review fails to detail subjective complaints of the patient of GI upset on the date of evaluation. Furthermore, there is a lack of documentation submitted for review to indicate a prior GI history to include gastroesophageal reflux disease, ulcer, or significant GI bleeding.

Ondansetron ODT 8mg #60: Upheld

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

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.

Decision rationale: The Official Disability Guidelines state Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. Antiemetics are not recommended. Nausea and vomiting is common with the use of opioids and these side effects should diminish over days to weeks of continued exposure. Zofran is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment and has also been FDA-approved for postoperative use. The request for Ondansetron ODT 8 mg #60 is not medically necessary and appropriate. The documentation submitted for review fails to detail significant nausea and vomiting of the patient to warrant the medication. Furthermore, there is no clear indication of acute gastroenteritis or demonstrated history of nausea and vomiting.

Neurontin 600mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Section Page(s): 18.

Decision rationale: diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The request for Neurontin 600 mg #120 is not medically necessary and appropriate. There is a lack of documentation submitted for review to indicate a history or diagnosis of diabetic painful neuropathy or postherpetic neuralgia.

However, there is a lack of documentation indicating a significant neuropathic component in the patient's physical examination.

Cidaflex #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Section Page(s): 50.

Decision rationale: The California MTUS states that this medication is, "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." The request for Cidaflex #240 is not medically necessary and appropriate. However, there is a lack of documentation submitted for review to indicate that the patient has diagnosis of arthritis to support the recommendation for the use of Cidaflex.