

Case Number:	CM13-0047016		
Date Assigned:	12/27/2013	Date of Injury:	04/27/2007
Decision Date:	04/09/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Medicine 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 62-year-old female with a date of injury of April 24, 2007, at which time she slipped and fell while performing her duties in her place of employment. She slipped and fell hitting the right side of her body first and then falling with her legs wide open. She immediately noted pain in her low back, chest, right side of her face, ear, shoulder, upper arm, bladder, and leg. She presented for an initial orthopedic evaluation with [REDACTED] on September 3, 2013. Treatment to date has consisted of acupuncture, right knee cortisone injection, two to three (2-3) lumbar epidural steroid injections, right shoulder surgery on January 14, 2013, and bladder lifting surgery. She has attended thirty (30) sessions of physical therapy without relief. She is currently complaining of low back, bladder, right shoulder, leg, and knee pain. The medical conditions are listed as heart disease, high blood pressure, reflux esophagitis, and high cholesterol. Review of systems noted that nausea, vomiting, constipation, and diarrhea are denied. [REDACTED] diagnosed the patient with lumbar myalgia, lumbar myospasm, and right-sided lumbar neuritis/radiculitis. She was prescribed cyclobenzaprine, naproxen sodium, ondansetron ODT 4 mg #30, pantoprazole sodium delayed release 20 mg #60, and tramadol. The request for pantoprazole and ondansetron were non-certified by utilization review on October 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ondansetron ODT 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain Chapter, Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ondansetron (Zofran®), Pain, and the <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>

Decision rationale: The references state that ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is in a class of medications called serotonin 5-HT₃ receptor antagonists. It works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. The Official Disability Guidelines (ODG) indicate that Ondansetron (Zofran®) is not recommended for nausea and vomiting secondary to chronic opioid use. The ODG further states that ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the September 3, 2013 report specifically notes that the patient denies nausea and vomiting. The patient does not meet the criteria for this medication and this medication is not medically necessary.

Retrospective request for Pantoprazole DR 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The Chronic Pain Guidelines indicate that clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. The clinicians should also determine if the patient is at risk for gastrointestinal events: (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, such as NSAID plus a low-dose aspirin. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. The recommendations include: Patients with no risk factor and no cardiovascular disease can use non-selective NSAIDs, such as ibuprofen and naproxen; and patients at intermediate risk for gastrointestinal events and no cardiovascular disease can use a non-selective NSAID with either a Proton Pump Inhibitor (PPI), such as omeprazole (20 mg daily) or misoprostol (200 \hat{I} 4g four (4) times daily). In this case, the September 3, 2013 examination narrative notes reflux esophagitis as part of this patient's relevant medical history. Pantoprazole is a proton pump inhibitor and given the history of reflux esophagitis in conjunction with oral NSAID usage, this medication is deemed to be medically necessary.

