

Case Number:	CM13-0050941		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2012
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a woman with a date of injury 10/30/12. She has undergone numerous diagnostic and treatment modalities. Per the evaluation of 8/30/13, she had persistent neck pain aggravated by repetitive motions of the neck and working at or above the shoulder level. She has chronic headaches also. On physical exam, her cervical spine exam was said to be unchanged. She had tenderness of the cervical paravertebral muscles and under trapezial muscles with spasm. She had painful and restricted cervical motion with C5-7 dyesthesia. Axial loading compression test and Spurling's maneuver were positive. The lumbar spine exam revealed tenderness from mid to distal lumbar segments with a positive seated nerve root test. Diagnoses were cervical discopathy, lumbar discopathy and severe cervicalgia. At issue in this review are the prescription of omeprazole, ondansetron and cyclobenzaprine. Additional records indicate that cyclobenzaprine was prescribed for palpable muscle spasms noted during the exam. Ondansetron was prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents. Omeprazole was prescribed for GI symptoms to protect the stomach and prevent complications' from NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed release capsules 20 mg #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 Page(s): 68-69.

Decision rationale: This worker has chronic neck and back pain. Her medical course has included the use of several medications including naproxen. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 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 (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

Ondansetron ODT 4 or 8 mg #30 times two: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ondansetron: Drug Information

Decision rationale: This worker has chronic neck and back pain. Her medical course has included the use of several medications including naproxen. Ondansetron is indicated for prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy, prevention of nausea and vomiting associated with radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it is being prescribed to counter the potential side effects of nausea of other medications. The records do not document the medical necessity for ondansetron.

Cyclobenzaprine Hydrochloride tablets 7.5 mg #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 Page(s): 63-66.

Decision rationale: This injured worker has chronic neck and back pain. Her medical course has included numerous treatment modalities including use of several medications including NSAIDs and muscle relaxants. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document the medical necessity for cyclobenzaprine.