

Case Number:	CM13-0054668		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2013
Decision Date:	03/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/19/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 58-year-old male who reported injury on 04/23/2013. The mechanism of injury was noted to be continuous trauma. The patient's diagnoses were noted to include lumbago; painful knees, ankle/foot, shoulder, elbow, and hands. The request was made for multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and 9792.20 Medical Treatment Utilization Schedule - Definit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines indicate that PPIs are appropriate treatment for dyspepsia secondary to NSAID therapy. The patient was noted to be taking Naproxen. The patient had previously used NSAIDs and had epigastric pain and stomach upset. However, there was a lack of documentation indicating the patient had signs and symptoms of dyspepsia to support the current request. Given the above, the request for Omeprazole 20 mg #120 is not medically necessary.

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 (ODG)

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: Official Disability Guidelines indicate that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use and they further indicate that Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and postoperative use as well as gastroenteritis. Clinical documentation submitted for review indicated the patient had nausea associated with headaches that were present from chronic cervical spine pain. This medication is concurrently being reviewed with a Triptan for migraine headaches, which is used PRN. Headaches are not an indication for usage per Official Disability Guidelines. Additionally, there was a lack of documentation indicating a necessity for 60 tablets. Given the above, the request for Ondansetron OTD 8 mg #60 is not medically necessary.

Sumatriptan Succinate 25mg #18: 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 Official Disability Guidelines (ODG), Head Chapter, Triptans

Decision rationale: Official Disability Guidelines recommend Triptans for migraine sufferers. Clinical documentation submitted for review indicated the physician was prescribing sumatriptan for migrainous headaches that were associated with chronic cervical pain. There was a lack of documentation of the signs and symptoms of the associated migraines as well as the frequency to support the necessity. As such, the request for Sumatriptan Succinate 25 mg #18 is not medically necessary.

Tramadol HCI 34 150MG #90: 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 Medications for chronic pain, ongoing management Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend there should be a quantitative assessment of pain relief, a decrease in the VAS score, and functional benefit, as well as evidence of monitoring for aberrant drug behavior. Clinical documentation submitted for review indicated the patient suffered from an acute exacerbation of severe pain related to a chronic orthopedic condition, and the use of opioids in the past had decreased similar acute flare-ups, where the patient was able to demonstrate improvement in function. There was a lack of documentation indicating the objective functional benefit, as well as the relief that was provided. There was a lack of documentation indicating the necessity for 90 tablets, as the physician was noted to prescribe it for once a day use. Given the above, the request for Tramadol HCl ER 150 mg #90 is not medically necessary.