

<b>Case Number:</b>	CM13-0058192		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California, North Carolina, Colorado and Kentucky. 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 expert 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 48 year old female who sustained an injury on 06/30/08 and has been followed for complaints of chronic low back pain following prior lumbar surgical procedures. The patient also had complaints of nausea in the morning for which she utilized Zofran with benefits. The patient was also taking Protonix 3 times daily for occasional gastroesophageal reflux. The patient did have diagnoses for gastroesophageal reflux disease as well as irritable bowel syndrome. The patient was attending physical therapy in September of 2013. The patient was seen by [REDACTED] on 11/05/13 with continuing complaints of hypertension with dizziness and nausea. The patient reported nausea on a daily basis. Hemodynamic studies indicated a blood pressure of 152/94 with an SVRI of 1,918. The patient's medications including Edabari were stopped and the patient was started on Benicar 20mg daily. Both Protonix and Zofran were continued at this visit. The requested Protonix, Zofran, and hemodynamic testing was non-certified by utilization review on 11/16/13 as guidelines did not support the use of Zofran for chronic opioid use or side effects from opioids. There were no indications of severe hypertensive findings that would support ongoing hemodynamic studies and there was no evidence of efficacy regarding the ongoing use of Protonix to support this prescribed medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF PROTONIX 20MG, #90 BETWEEN 11/5/2013 AND 12/27/2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK.

**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, PROTON PUMP INHIBITORS.

**Decision rationale:** In regards to the continued use of Protonix 20mg, the clinical documentation provided for review does not establish any clear indication of functional improvement or a reduction in gastrointestinal symptoms with the use of this medication. The patient continued to report ongoing pain in the mid epigastric region with associated nausea and gastric reflux despite the use of Protonix. Given the absence of any clear efficacy of this medication in the treatment of gastrointestinal reflux symptoms, given the above continuing use of this medication is not medically necessary.

**PRESCRIPTION OF ZOFRAN 8MG, #10 BETWEEN 11/5/2013 AND 12/27/2013:** 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), ANTIEMETICS (FOR OPIOID NAUSEA).

**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, ANTI-EMETICS.

**Decision rationale:** In regards to the use of Zofran 8mg through 12/27/13, this has been prescribed for side effects including nausea from long term opioid use. Per Official Disability Guidelines, an antiemetic such as Zofran is only indicated in the treatment of nausea or vomiting coinciding with cancer therapy to include chemo or radiative therapy which is not currently being provided to the patient. The only other FDA indication for the use of Zofran is for postoperative nausea which is not present in this case. Given the off label use of Zofran outside of FDA indications, this medication is not medically necessary.

**1 HEMODYNAMIC TEST BETWEEN 11/5/2013 AND 12/27/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute For Clinical Systems Improvement (ICSI). Stable Coronary Artery Disease. Bloomington (MN): ICSI; 2011 Apr. 58 page.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to revise the 2002 Guidelines for the Management of Patients with Unstable Angina/Non ST-Elevation Myocardial Infarction).

**Decision rationale:** In regards to the request for hemodynamic testing through 12/27/13, the clinical documentation submitted for review did not identify any substantial worsening of the patient's reported hypertension. The last blood pressure findings were from 11/05/13 which were 152/94. There are no further evaluations for this patient indicating any evidence of unstable hypertension that would reasonably require further hemodynamic studies as medically necessary at this time. Given the above the request is not medically necessary.