MAXIMUS Federal Services

Case Number:	CM14-0006416		
Date Assigned:	02/07/2014	Date of Injury:	02/14/2008
Decision Date:	07/22/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 29-year-old male with a reported date of injury on 02/14/2008. The injury reportedly occurred when the worker was lifting a 60-pound bag of garbage over his head. The injured worker complained of frequent dislocations of the right shoulder, and was approved for orthopedic surgery. According to the clinical note dated 01/06/2014, the surgery was not scheduled, as the injured worker needed to be off tobacco products for at least 2 weeks prior to surgery. The range of motion was not performed on the injured worker, as his right shoulder dislocated with movement. The physician noted that an EKG done on that date was normal. The injured worker's diagnoses included recurrent right shoulder dislocation, left wrist ligamentous and ulnar nerve injury post surgical intervention on 09/26/2012, 2 right knee surgeries, history of migraines, abdominal pain, and right upper extremity numbness, and negative electromyography/ nerve conduction study (EMG/NCS). The injured worker's medication regimen included Omeprazole, Phenergan, Soma, Voltaren gel samples, Lidoderm patches, Dilaudid, and Percocet. The Request for Authorization of Ondansetron 4 mg #120 and Carisoprodol (Soma) 350 mg #180 was submitted on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDASETRON 4 MG #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Antiemetics.

Decision rationale: According to the ODG, antiemetics for opioid nausea are not recommended. According to the documentation provided for review, the physician notes that the injured worker had been utilizing Phenergan for a long period of time. The rationale for Ondansetron was that the physician stated it was time to try something new. As the rationale for Ondansetron is unclear, the request for Ondansetron 4 mg #120 is not medically necessary.

CARISPRODOL 350 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 127.

Decision rationale: According to the California MTUS Guidelines, Soma is not recommended. This medication is not indicated for long-term use. According to the clinical information available for review, the injured worker has been utilizing Soma for an extended period of time. The request for Carisoprodol does not meet the California MTUS Guidelines. Therefore, the request for Carisoprodol 350 mg #180 is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal (GI) symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The CA MTUS guidelines state proton pump inhibitors (PPIs) are recommended for injured workers who are at risk for GI events. The determination of GI risk includes the injured worker is greater than 65 years old, history of peptic ulcer, GI bleeding or perforation, concurrent use of Aspirin (ASA), Corticosteroids or anticoagulant or high dose/multiple NSAID use. According to the clinical information provided for review the injured worker presents with a history of abdominal pain, there is a lack of documentation related to GI risks. In addition, the documentation indicates the injured worker is not utilizing NSAIDs. The request as submitted failed to provide frequency and directions for the utilization of Omeprazole. Therefore, the request for Omeprazole 20 mg #30 is not medically necessary.