

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0006606 | | |
| Date Assigned: | 03/03/2014 | Date of Injury: | 03/21/2003 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 01/02/2014 |
| Priority: | Standard | Application Received: | 01/17/2014 |

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 Nevada. 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 records, presented for review, indicate that this 49-year-old was reportedly injured on March 21, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 13, 2014, indicated that there were ongoing complaints of cervical and lumbar spine pains. The physical examination of the cervical spine demonstrated paravertebral muscle spasms and a positive axle load compression test. Examination the upper extremities noted generalized weakness and numbness. Examination of the lumbar spine noted tenderness of the lumbar paravertebral muscles and pain with range of motion. There were positive seated nerve root test and decreased sensation in the L5 and S1 dermatomes, although it was not stated on which leg. A Toradol injection and a vitamin B12 injection were administered. An MRI of the cervical spine was stated to have shown pathology at the C4-C5 and C5-C6 levels as well as the levels L3 through S1 of the lumbar spine, although it was not stated what this pathology is. Previous treatment included cervical epidural blocks and lumbar epidural injections. A request had been made for omeprazole and ondansetron and was not certified in the pre-authorization process on January 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines :2009)
Page(s): 68 OF 127.

Decision rationale: A review of prior medical records indicated that the injured employee was stated to be having dyspepsia; however, there was no documentation of any gastrointestinal risk factors for cardiovascular disease. The use of a proton pump inhibitor such as omeprazole is only indicated for those individuals who are at risk for gastrointestinal events, in which case a proton pump inhibitor is recommended along with the use of a nonselective anti-inflammatory. Considering this, the request for Omeprazole DR 20 mg, 120 count, is not medically necessary or appropriate.

Ondansetron ODT 8 mg, sixty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>.

Decision rationale: Ondansetron is a medication used to prevent nausea and vomiting secondary to cancer chemotherapy, radiation therapy, and surgery. Not only does the medical record not indicate that the injured employee was having any complaints of nausea and vomiting, but there has been no recent cancer treatment or surgery. For these multiple reasons, this request for Ondansetron ODT 8 mg, sixty count, is not medically necessary or appropriate.