

Case Number:	CM14-0008454		
Date Assigned:	02/12/2014	Date of Injury:	11/25/2009
Decision Date:	07/03/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine, 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 43-year-old female who reported an injury on 11/25/2009 secondary to continuous trauma. The injured worker was evaluated on 12/16/2013 for preoperative evaluation for cervical spine surgery. The exam was unremarkable. The documentation also included a request for medications dated 12/26/2013. The request for Ondansetron indicated it was being prescribed for nausea as a side effect to cyclobenzaprine and other analgesic agents. The request for omeprazole indicated it was being prescribed for gastrointestinal symptoms including stomach upset and epigastric pain with the use of naproxen previously. The request for quazepam noted it was for short term relief of sleep disturbances such as insomnia. The Request for Authorization dated 12/26/2013 was found in the documentation provided. The rationale was also found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 8MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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, Antiemetics (for opioid nausea).

Decision rationale: The request for Ondansetron ODT 8mg #60 is non-certified. The Official Disability Guidelines (ODG) indicates that Ondansetron is indicated for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use and acute cases of gastroenteritis. The documentation provided indicates the rationale for the request is nausea as a side effect of cyclobenzaprine and other analgesic agents. There is a significant lack of clinical evidence of the injured worker being on chemotherapy or radiation treatment, the intended use to be used postoperatively, or an acute case of gastroenteritis. Furthermore, the request does not indicate the frequency of the request. Therefore, based on the documentation provided, the request is non-certified.

OMEPRAZOLE 20MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The request for omeprazole 20mg #120 is non-certified. The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on non-steroidal anti-inflammatory drugs (NSAIDs). The injured worker is on NSAIDs and the request did indicate the injured worker for reported stomach upset and epigastric pain with the use of naproxen previously. There is no recent documentation of risk for gastrointestinal events or the efficacy of the medication. Furthermore, the request does not indicate the frequency of the prescription. Therefore, based on the documentation provided, the request is non-certified.

QUAZEPAM 15MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24..

Decision rationale: The request for quazepam 15 mg #30 is non-certified. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The request indicates the rationale for the request is short term relief of sleep disturbances such as insomnia. However, there is no clinical evidence of a diagnosis or reports of insomnia. Furthermore, the request does not indicate the specific frequency of the request. Therefore, based on the documentation provided, the request is non-certified.