MAXIMUS Federal Services

Case Number:	CM14-0009530		
Date Assigned:	02/14/2014	Date of Injury:	04/19/2002
Decision Date:	07/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine and is licensed to practice in California. 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 52-year-old female who has filed a claim for lumbar disc displacement associated with an industrial injury date of April 19, 2002. Review of progress notes indicates increasing low back pain, right knee locking and giving way, and presence of right leg ulcer. Findings include tenderness of the lumbar region with pain upon terminal motion, positive seated nerve root test, and dysesthesia at the L5-S1 dermatomes. Regarding the knees, findings include tenderness of the joint line, and positive McMurray's sign and patellar compression test. Regarding the left arm, there is tenderness at the posterior elbow, forearm, and shoulder. Regarding the lower extremities, there is an open ulcer at the right leg wrapped in dressing, left big toe tenderness at the distal phalange, and intact neurovascular status. There were no progress notes submitted after October 2013. Treatment to date has included Lindora weight loss program, and vascular surgeries to the right and left legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHARMACY PURCHASE FOR OMEPRAZOLE 20 MG #210, DOS: 12/12/13: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. There is no documentation regarding patient's current medication regimen, or of any GI risk factors as mentioned above. Also, there were no progress notes submitted after October 2013. Therefore, the request for omeprazole 20mg #210 (DOS 12/12/13) was not medically necessary.

RETROSPECTIVE PHARMACY PURCHASE FOR NIZATIDINE 60 X 150 MG #180, DOS: 12/12/13: 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 Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, H2 blockers.

Decision rationale: The CA MTUS and ODG do not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that Nizatidine is an anti-acid indicated in the treatment and prevention of ulcers, the treatment of heartburn and the stomach disorder GERD (gastroesophageal reflux disease), as well as conditions associated with excess acid secretion. Nizatidine belongs to a class of medications known as H2-blockers that inhibit the action of histamine on stomach cells, thus reducing stomach acid production. There is no documentation regarding patient's current medication regimen, or of any GI symptoms or risk factors. Also, there were no progress notes submitted after October 2013. Therefore, the request for nizatidine 60 x 150 mg #180 (DOS 12/12/13) was not medically necessary.

RETROSPECTIVE PHARMACY PURCHASE FOR ONDANSETRON 8 MG #10, DOS: 12/12/13: 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) Pain chapter, Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, ODG was used instead. According to ODG, ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post operative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. There is no documentation of nausea or vomiting in this patient. Also, there were no progress notes submitted after October 2013. Therefore, the request for ondansetron 8mg #10 was not medically necessary.

RETROSPECTIVE PHARMACY PURCHASE FOR LOSARTAN HCTZ 100/12.5 MG #90, DOS: 12/12/13: 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Losartan Potassium and Hydrochlorothiazide).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to the FDA, losartan potassium and hydrochlorothiazide is indicated for the treatment of hypertension. The fixed dose combination is not indicated for initial therapy, except when there is severe hypertension. This combination is also indicated to reduce the risk of stroke in patients with hypertension and left ventricular hypertrophy. There is no documentation of hypertension in this patient. Also, there were no progress notes submitted after October 2013. Therefore, the request for losartan HCTZ 100/12.5mg #90 (12/12/13) was not medically necessary.