

Case Number:	CM14-0100752		
Date Assigned:	07/30/2014	Date of Injury:	04/20/2010
Decision Date:	10/08/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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:

This 52 year old patient had a date of injury on 4/20/2010. The mechanism of injury was not noted. In a progress noted dated 4/28/2014, subjective findings included continued lower back pain. There is difficulty sleeping. On a physical exam dated 4/28/2014, objective findings included L/S tender to palpation, numbness and weakness. The diagnostic impression shows status post right knee arthroscopy, lumbar discopathy, lumbago. Treatment to date: medication therapy, behavioral modification, total knee arthroscopy 8/2013A UR decision dated 6/11/2014 denied the request for Omeprazole 20mg bid #120, Zofran 8mg ODT #30, Naproxen 550mg bid with food prn #120. The rationales for the denials could not be located in the reports viewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: 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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or

patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the 4/28/2014 progress report, there was no discussion regarding the functional benefits of medication therapy. Furthermore, the patient is not documented to be having gastrointestinal events. Therefore, the request for Omeprazole 20mg bid #120 PRN is not medically necessary.

Ondansetron 8mg ODT #30: 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 FDA: Ondansetron

Decision rationale: MTUS and ODG do not apply. The FDA states that Ondansetron and Ondansetron Hydrochloride are used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In the reports viewed, there was no documentation that this patient experienced nausea and vomiting. Furthermore, the surgery for total knee replacement was on 8/2013, and it was unclear how long this patient has been on Ondansetron. Therefore, the request for Ondansetron 8mg ODT #30 prn is not medically necessary.

Naproxen NA 550mg #120: 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 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, NSAIDs

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In a progress note dated 4/28/2014, there was no discussion regarding objective functional benefits regarding medication therapy. Furthermore, it was unclear how long this patient has been prescribed naproxen, as the progress reports do not mention medication therapy. Therefore, the request for Naproxen 550mg bid with food prn #120 is not medically necessary.