

Case Number:	CM14-0010849		
Date Assigned:	02/21/2014	Date of Injury:	04/21/2012
Decision Date:	07/11/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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 51-year-old male who has submitted a claim for status post left shoulder open reduction and internal fixation (ORIF)/removal of hardware with weakness/deformity, and status post left shoulder hemiarthroplasty associated with an industrial injury date of April 21, 2012. The medical records from 2013 were reviewed. The patient complained of persistent left shoulder pain. It was aggravated by forward reaching, lifting, pushing, pulling, and working at or above shoulder level. He also has difficulty sleeping because of the pain. Physical examination showed tenderness at the left subacromial bursa, coracoid process, bicipital groove and subdeltoid bursa. There was inflamed keloid scar on the left shoulder with hypersensitivity to touch. There was overt muscle atrophy on the left. There was limited range of motion and weakness of the left shoulder as well. Helical computed tomography (CT) scan of the left shoulder, dated May 2, 2012 showed predominantly transversely oriented humeral surgical neck fracture with up to 13mm of impaction and 26 degrees of posterior angulation; the fracture line extends vertically to involve the greater tuberosity with up to 3mm of posterior displacement. The official report of the imaging study was not made available. The treatment to date has included medications, chiropractic therapy, physiotherapy, physical therapy, home exercise program, activity modification, and left shoulder surgery. A utilization review dated December 23, 2013, denied the request for Ondansetron orally disintegrating tablet (ODT) tablets 8mg #60 because the guidelines state that it is not recommended for nausea and vomiting secondary to chronic opioid use. The request for Omeprazole delayed release capsules 20mg #120 was modified to Omeprazole delayed release capsules 20mg #30 because there was documented gastrointestinal distress symptoms and the modification was done to comply with referenced guideline of once daily dosage recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT TABS 8 MG #30 X TWO #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Drug Safety Information, Ondansetron.

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the U.S. Food and Drug Administration (FDA), Drug Safety Information was used instead. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, Ondansetron was prescribed since April 2013 for nausea associated with intake of Cyclobenzaprine and headaches that are present with chronic cervical spine pain. The medical records state that patient had benefit from this medication by suppressing the nausea that occurs with the onset of headache. However, this is not indicated by the FDA-supported use of the medication. In addition, the medical records submitted and reviewed do not provide evidence for any subjective complaints of nausea. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Ondansetron ODT Tabs 8mg, #30 x2, #60 is not medically necessary.

OMEPRAZOLE DELAYED RELEASE CAPS 20 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. According to the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with gastrointestinal (GI) disorders such as gastric/ duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. In this case, the patient has been on Omeprazole since January 2013. A progress report dated January 4, 2013 stated that the patient complained of an upset stomach with the use of Naproxen, a type of NSAID. Omeprazole was given and noted relief of acid reflux and gastrointestinal upset. However, recent progress reports did not document gastric symptoms and GI disorders. Therefore, the request for Omeprazole delayed release caps 20mg #120 is not medically necessary.

