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| Case Number: | CM14-0012666 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/20/2009 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 01/31/2014 |

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 59-year-old male who has submitted a claim for anger/anxiety/depression and marked irritable bowel syndrome secondary to anger/anxiety/depression associated with an industrial injury date of 8/20/09. Medical records from 6/5/13 to 2/4/14 were reviewed, which showed that patient complained of chronic alternating episodes of constipation and diarrhea. Physical examination of the abdomen revealed a flat abdomen with tenderness over the left lower quadrant. Bowel sounds were active, high-pitched, and almost continuous. Treatment to date has included dicyclomine, Lomotil, ondansetron, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR ALPRAZOLAM 0.5MG #30: 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): 24.

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the

patient has been prescribed Xanax since at least 12/9/10. The long-term use of benzodiazepines is not in conjunction with guidelines recommendation. Therefore, the request is not medically necessary.

PRESCRIPTION FOR ONDANSETRON HCL 8MG #25: 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.

Decision rationale: The California MTUS does not address Ondansetron specifically, so the Official Disability Guidelines (ODG) were used instead. The ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. In this case, the patient has been prescribed Ondansetron since 10/22/13 for irritable bowel syndrome. The use of Ondansetron is not in conjunction with guidelines recommendation. Therefore, the request is not medically necessary.