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| Case Number: | CM14-0013553 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 08/20/2009 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 Internal 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 59 year old male who was injured on 08/20/2009. Mechanism of injury is unknown. Prior treatment history has included the following medications: 1. Prochlorperazine 2. Dicyclomine 20 mg 3. Doc-Q-Lace 100 mg 4. Alprazolam 0.5 mg 5. Ondansetron 8 mg 6. Colace 7. Xanax 8. Compazine suppositories Progress note dated 02/04/2014 documented the patient having such severe vomiting that his muscles ache in his chest, neck and back. He was frequently in and out of the shower over the weekend because of the mess that he made because of his diarrhea and cramping has increased. He is using Bentyl four times a day which in the past has been more effective than this weekend. Ondansetron has been denied by the carrier for unclear reasons, as has the alprazolam. The patient has a sensation that stool is not moving once it gets into his mid rectum. He strains which is associated with some bleeding, bright red blood and painful perineal reaction. Objective findings on examination reveal abdomen is flat. Bowels sounds are active, high pitched but are almost continuous. There is tenderness in the left lower quadrant. Diagnoses: 1. Anger/anxiety/depression 2. Marked irritable bowel syndrome secondary to #1. 3. Borderline abnormal blood pressure. UR report dated 01/28/2014 denied the request for prochlorperazine 25 mg, #20 because the submitted documentation does not give any indication that the patient is currently participating in a chemotherapy regimen which would require the use of this medication. The request for Ondansetron HCL 8 mg #25 was denied as per the submitted documentation there was no indication of recent surgery, chemotherapy, radiation therapy. There was also no indication of any acute gastroenteritis. The submitted documentation indicates that the patient previous requests for this medication have been non-certified for similar reasoning.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROCHLOPERAZINE 25 MG #20: 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: Medline Plus: Prochlorperazine
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682116.html>

Decision rationale: CA MTUS and ODG do not discuss the issue in dispute and hence other evidence based guidelines have been consulted. According to the references, Prochlorperazine suppositories and tablets are used to control severe nausea and vomiting. Prochlorperazine tablets are also used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Prochlorperazine tablets are also used on a short-term basis to treat anxiety that could not be controlled by other medications. The medical records do not indicate the purpose for which this medication has been prescribed, and does not indicate if suppository or tablet formulation. In addition, the medical records do not document objective findings on examination and a clinical history that establishes the medication is medically indicated for the purpose for which it is intended. The medical necessity of this request is not established.

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 (ODG), Pain, Antiemetics (for opioid nausea).

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. According to the Official Disability Guidelines, Ondansetron (Zofran®) is a serotonin 5-HT₃ receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Ondansetron is not intended for use as a prophylactic for potential short-term side effect of analgesic medications. The medical records do not establish this patient has any condition for which this medication is indicated to treat. The medical necessity of this request is not established by the medical records.