

Case Number:	CM14-0016177		
Date Assigned:	04/14/2014	Date of Injury:	01/20/2010
Decision Date:	07/23/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 33-year-old male with a date of injury of 01/20/2010. The patient's diagnoses per [REDACTED] included multiple gunshot wounds, intra-abdominal gunshot wound with colon perforation, adhesive, status post lysis of adhesions on 11/15/2012, left lower extremity multiple gunshot wounds with left tibia fracture with retained fragments, multiple peripheral nerve entrapments and injuries above the left lower extremity, lumbar, pelvic, and right lower extremity. The patient's diagnoses also included right meralgia paresthetica, status post decompression 04/08/2013, right foot drop with gradual improvement, status post right common peroneal nerve decompression, status post neuroplasty right superficial peroneal nerve anterolateral lower left and right deep peroneal nerve dorsum right foot and right knee, gait derangement, chronic pain and depression and anxiety. According to the 12/16/2013 progress report by [REDACTED], the patient presents for follow-up on his multiple conditions. It was noted that he has overall made improvement in his capacity and reserve. He is not "actively complaining of abdominal pain or bowel obstructions," although he continues to have bouts of this although not as severe. The pain ranges from 2/10 and 8/10. He is currently exercising regularly which helps the pain, but in some ways does flared up his symptoms. Medications include Percocet, Pantoprazole, Exalgo, Gabapentin and Celebrex. The physician is requesting a "lease [REDACTED] which has sitting that is comfortable and can also get a scooter to improve his mobility." Request is also for Celebrex 200 mg, leukocyte sodium, Reticulin 25 mg, Ondansetron 8 mg, and Pantoprazole 40 mg. the utilization review denied the request on 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE [REDACTED]: 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), Durable Medical Equipmen.

Decision rationale: This patient presents status post multiple gunshot wounds and presents with some residual symptomatology. The physician is recommending a Jeep Cherokee "for comfort and support." The ACOEM and MTUS do not discuss motor vehicles. The ODG Guidelines do discuss durable medical equipment stating "recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment." The physician's request for a [REDACTED] for comfortable seating for the patient is an anecdotal opinion and the physician has not provided any evidence based guidelines to support such need. Furthermore, a jeep is not indicated for sole medical purposes. The requested [REDACTED] is not medically necessary.

CELEBREX 200MG CAPSULES #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 30-31, 64, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: This patient presents status post multiple gunshot wounds and presents with some residual symptomatology. The physician is recommending a refill of Celebrex 200mg #300. The utilization review modified the certification from #300 to #120. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the first line of treatment to reduce pain, so activity and functional restoration can resume. The long term use may not be warranted." The medical records indicate that this patient has been taking Celebrex since 10/17/2013. Review of records from 10/17/2013 through 02/03/2014 does not provide any discussion regarding this medication's efficacy. MTUS page 60 require pain assessment and functional documentation for medication used to treat chronic pain. Given the lack of documentation, one cannot tell that this medication is doing anything for the patient. Therefore the request is not medically necessary.

LEUKOCYTE SODIUM 250MG #180: 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), page 98.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 491.

Decision rationale: This patient presents status post multiple gunshot wounds and presents with some residual symptomatology. The physician's request is for "Leukocyte Sodium 250mg #180." Utilization review denied the request stating, "[REDACTED] withdrew his request for this medication." The ACOEM guidelines have the following regarding evidence based medicine on page 491. "Evidencebased medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." In this case, there is no medical evidence that can be found to support the use of this medication, no guidelines and no studies were found on search of internet. Therefore the request is not medically necessary.

RETICULIN 25MG #180: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 491.

Decision rationale: This patient presents status post multiple gunshot wounds and presents with some residual symptomatology. The physician's request is for Reticulin 25mg #180. Utilization review denied the request stating, "The need to add this medication is not shown, [REDACTED] withdrew his request for this." The ACOEM guidelines have the following regarding evidence based medicine on page 491. "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." In this case, there is no medical evidence that can be found to support the use of this medication, no guidelines and no studies were found on search of internet. Therefore the request is not medically necessary.

ODANSETRON 8 MG #30: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents status post multiple gunshot wounds and presents with some residual symptomatology. The physician is Ondansetron 8mg #30. The MTUS and ACOEM Guidelines do not discuss Zofran. However, the ODG Guidelines has the following regarding antiemetic "not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." The physician is prescribing this medication for patient's nausea associated with taking medication. The ODG Guidelines do not support the use of Ondansetron for medication-induced nausea. Therefore the request is not medically necessary.

PANTOPRAZOLE 40MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 69.

Decision rationale: This patient presents status post multiple gunshot wounds and presents with some residual symptomatology. The physician is requesting Pantoprazole 40mg #180. The MTUS Guidelines page 68 and 69, state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events if, their age is greater than 65, they have a history of peptic ulcer disease and gastrointestinal (GI) bleeding or perforation, they have concurrent use of aspirin or corticosteroid and/or anticoagulant, and a high dose/multiple NSAID. The patient was noted to have taken ibuprofen in the past but has now replaced it with Celebrex. The physician is prescribing Pantoprazole for patient's stomach irritability. In this case, the physician does not document dyspepsia or any GI issues. Therefore the request is not medically necessary.