

Case Number:	CM14-0018560		
Date Assigned:	05/07/2014	Date of Injury:	03/29/2009
Decision Date:	08/25/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/13/2014

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 Medicine and is licensed to practice in Texas. 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 injured worker is a 33 year old female who had a work-related injury on 03/29/09. The injured worker was working as an ultrasound tech at [REDACTED], and she was scanning a patient for deep vein thrombosis, as a result the patient kicked her in the stomach which caused her to hit the wall and then hit the floor. Treatment has consisted of physical therapy, anti-inflammatory medications, and SI (sacroiliac) joint injections. She had a left Sacroiliac joint fusion on 09/13/13. Sacroiliac joint pain resolved after the surgery. Computed tomography scan of the pelvis dated 11/05/13, 3 fixation screws bridging the left sacroiliac joint. No evidence of superimposed fracture, dislocation, or hardware loosening. No specific evidence of penetration into the sacral frame or nerve root impingement. Physical examination on 04/07/14 weight 132 pounds, height 5 foot 4. Gait was balanced and symmetrical. Heel walk was normal; toe walk was normal, squat 90% complete, rises readily. No tenderness to palpation. Flexion of lumbar spine is 90 degrees, 2 inches fingertips to the floor. Extension is 25 degrees. Right lateral and left lateral bending is 30 degrees. Right and left rotation is 30 degrees. Normal sensations to light touch and pinprick in right lower extremities. Hyperesthesia and superior cluneal nerve in the superior cluneal nerve distribution. Reflexes are 2+ and symmetrical in lower extremities. Strength is rated 5/5 to manual motor testing in lower extremities and a negative straight leg raise bilaterally. Fabere's test was negative in the right and left. Mild tenderness over the surgical incision, no groin tenderness, complaints of tenderness in the lateral femoral cutaneous nerve distribution but has no sensory loss. Diagnoses, meralgia paresthetica secondary to positioning on surgical table and superior cluneal nerve injury secondary to open reduction internal fixation of sacroiliac joint. And a history of lower thoracic disc protrusion status-post SI joint fusion. Prior utilization review on 02/12/14 was non-certified. In review of the documentation submitted, there have been no gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ZOFRAN 4MG, #30 DOS: 1/29/14: 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, ONDANSETRON (ZOFRAN).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Antiemetics (for opioid nausea).

Decision rationale: The clinical documentation submitted for review does not support the request. There has been no documentation of for nausea and vomiting and no documentation of gastrointestinal complaints. The Food and Drug Administration (FDA) - Zofran is approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. Therefore, medical necessity has not been established. The request for retrospective Zofran 4mg, #30 DOS: 1/29/14 is not medically necessary.

RETROSPECTIVE PROTONIX 20MG, #60 DOS: 1/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Proton pump inhibitors (PPIs).

Decision rationale: There is no documentation of a gastrointestinal problem. The injured worker is at low risk to develop gastrointestinal problems. Protonix is recommended for patients at risk for gastrointestinal events. Protonix, Dexilant and Aciphex should also be second-line. As such, medical necessity has not been established. The request for retrospective Protonix 20mg, #60 DOS: 1/29/14 is not medically necessary.