

<b>Case Number:</b>	CM14-0157183		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 42 year old male with an injury date of 06/12/13. Per the 09/03/14 report by ■■■■■, the patient presents with constant severe pain in the lumbar spine with extension to the right lower extremity. Pain is worsening and is rated 8-9/10. The patient also presents with frequent pain in the cervical spine with radiation in the upper extremities with associated migrainous headaches and tension between the shoulder blades rated 6/10. The physician states the patient is working. Examination of the lumbar spine reveals palpable paravertebral muscle tenderness with spasms and tenderness in the mid to distal lumbar segments, most pronounced on the right side extending into the right lower extremity. An examination of the cervical spine reveals palpable paravertebral and trapezial muscle tenderness with spasm. There is also tenderness around the anterior glenohumeral region and subacromial space of the right shoulder with positive Hawkins and impingement signs. The patient's diagnoses include cervical discopathy, lumbar discopathy with radiculopathy and right shoulder internal derangement verse cervical radicular symptoms. On 08/20/14 the following medications were listed, Nalfon, Cyclobenzaprine, Sumatriptan Succinate, Ondansetron, Omeprazole, Quazepam, Tramadol, Cidaflex, Ketoprofen, and Norco. The utilization review being challenged is dated 08/30/14. Reports from 01/13/14 to 09/03/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** The patient presents with constant severe pain in the lumbar spine radiating to the right lower extremity rated 8-9/10 as well as frequent pain in the cervical spine radiating to the upper extremities rated 6/10. The patient also presents with associated migrainous headaches and tension between the shoulder blades. The physician requests for Omeprazole 20mg #120. The physician states the use of this medication is for GI symptoms and notes the patient's use of Naproxen (an NSAID). It is further stated is should be taken as needed for upset stomach in conjunction with pain and anti-inflammatory medication and to protect the stomach to prevent GI complications. The reports provided do not show how long the patient has been taking this medication. It is only mentioned on the 08/20/14 report. The MTUS Guidelines page 68 regarding NSAIDs, GI symptoms & cardiovascular risk state "Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs." The MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the physician states the intended use of the medication for GI problems and stomach upset. There is no diagnosis or discussion of dyspepsia; however, multiple NSAIDs (Nalfron and Naproxen) are documented. The physician does not state that this medication has been of benefit to the patient nor, is it clear how long the patient has been using Omeprazole. In this case, given the lack of documentation, the request is not medically necessary.

**Ondansetron 8mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics.

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

**Decision rationale:** The patient presents with constant severe pain in the lumbar spine radiating to the right lower extremity rated 8-9/10 as well as frequent pain in the cervical spine radiating to the upper extremities rated 6/10. The patient also presents with associated migrainous headaches and tension between the shoulder blades. The physician requests for Ondansetron 8 mg #30. The physician states use is for nausea associated with headaches that are present with chronic cervical spine pain and are migrainous in nature. The report also states, "Mosby confirms Ondansetron has been used for the treatment of hyperemesis gravidarum refractory to other treatments." The ODG guidelines have the following regarding Ondansetron: "Not recommended for nausea and

vomiting secondary to chronic opioid use." It is recommended for chemo-induced or post-operative nausea. In this case, it is unknown from the reports provided how long the patient has been taking this medication. It is only mentioned in the 08/20/14 report by [REDACTED]. In this case, the patient does not have a diagnosis of chemo induced or post-operative nausea. Therefore, the request is not medically necessary.