

Case Number:	CM14-0167618		
Date Assigned:	10/14/2014	Date of Injury:	02/13/1999
Decision Date:	12/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 58 year old male who sustained an industrial injury on 02/13/1999. His primary complaints were low back pain, hip pain, radiculopathy symptoms, mood disorder and nausea. His history was significant for L5-S1 nerve root decompression and posterior lumbar body fusion and posterior instrumental spinal fusion at L5-S1. Medications included Zyprexa, Remeron, Doxepin, Buspar, Compazine, Zofran, Vioxx, Neurontin, Clonazepam, Zolpidem, Oxycontin and Hydromorphone. The employee had been on Zofran since atleast April 2014. The progress note from 09/15/14 was reviewed. Subjective complaints included low back pain radiating to right leg, left lower extremity radicular symptoms, left knee medial pain and lateral patella pain. There was also stomach pain and complaints of depression. Pertinent examination findings included spasms and tenderness with decreased range of motion of lumbar spine, left knee medial joint pain with effusion and decreased range of motion. The diagnoses included left thumb osteoarthritis, left wrist carpal tunnel syndrome, lumbar herniated nucleus pulposus (HNP) status post fusion and left knee medial meniscus tear. The plan of care included prescription refills for Zofran and Zantac. Other plan of care included left knee arthroscopy, preoperative clearance, post operative physical therapy, pain management and Psychiatry follow-up for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #90: 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) Chronic Pain, Antiemetics

Decision rationale: According to Official Disability Guidelines, Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use in the setting of nausea and vomiting due to chemotherapy and radiation treatment as well as in the setting of gastroenteritis or postoperative vomiting. There is no recommendation to use Zofran for chronic nausea. Also the records available for review from September 2014 have no documentation of ongoing nausea. The request for continued use of Zofran is not medically necessary or appropriate.

Zantac 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Subjective complaints included low back pain radiating to right leg, left lower extremity radicular symptoms, left knee medial pain and lateral patella pain. There was also stomach pain and complaints of depression. Pertinent examination findings included spasms and tenderness with decreased range of motion of lumbar spine, left knee medial joint pain with effusion and decreased range of motion. The diagnoses included left thumb osteoarthritis, left wrist carpal tunnel syndrome, lumbar herniated nucleus pulposus (HNP) status post fusion and left knee medial meniscus tear. The plan of care included prescription refills for Zofran and Zantac. Other plan of care included left knee arthroscopy, preoperative clearance, post operative physical therapy, pain management and Psychiatry follow-up for depression. According to MTUS, Chronic Pain Medical Treatment guidelines, for dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAID) therapy, H2-receptor antagonists are recommended. Here the employee had abdominal pain and was on Cox-2 agent and hence the use of Zantac is medically necessary and appropriate.