

Case Number:	CM14-0028646		
Date Assigned:	06/20/2014	Date of Injury:	10/24/2007
Decision Date:	10/01/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/06/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 36-year-old female with a 10/24/07 date of injury. The mechanism of injury was not noted. According to the progress note dated 9/10/12, the patient had continued symptomatology in the cervical spine, chronic headaches, tension between the shoulder blades, and radicular pain component. The pain significantly affected the quality of her life, her ADLs, and her mental status. Objective findings: cervical and lumbar paravertebral muscle tension, generalized weakness and numbness in bilateral arms and hands, tenderness at left shoulder anteriorly, pain with shoulder ROM, dysesthesia at the L5-S1 dermatome. Diagnostic impression: cervical discopathy/radiculopathy, bilateral shoulder impingement, lumbar discopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 2/3/14 denied the retrospective requests for Omeprazole, Ondansetron ODT, Sumatriptan, and Medrox. Regarding Omeprazole, there is no evidence provided that the patient suffers from dyspepsia as a result of the present medication regimen. Regarding Ondansetron, there is no documentation that the patient has failed other first-line agents in the management of outpatient nausea and vomiting. Regarding Sumatriptan, the history provided does not clearly demonstrate clear evidence of migraine headaches to be the cause of the patient's symptoms. Regarding Medrox, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO OMEPRAZOLE DELAYED RELEASE CAPSULES 20 MG #120 WITH DOS 9/10/12: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. It is documented that the patient was currently taking Naproxen on the date of this retrospective request. Guidelines support the use of Omeprazole for prophylaxis of gastrointestinal adverse effects from the chronic use of NSAIDs. Therefore, the request for Retro Omeprazole Delayed Release Capsules 20 MG #120 With DOS 9/10/12 was medically necessary.

RETRO ONDANSETRON ODT TABLETS 8 MG, #30 X 2 QTY: 60 WITH DOS 9/10/12: 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: FDA (Ondansetron)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. There is no documentation that the patient has complaints of nausea and vomiting. In addition, guidelines do not support the use of Ondansetron for prophylactic use for medication-induced nausea and vomiting. Therefore, the request for Retro Ondansetron ODT Tablets 8 MG, #30 X 2 Qty: 60 With DOS 9/10/12 was not medically necessary.

RETRO MEDROX 120 GM X 2 WITH DOS 9/10/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. The patient had complaints of headaches, however, there is no documentation that she had migraines. Therefore, the request for Retro Sumatriptan Succinate Tablets 25 MG, #9 X 2 Qty: #19 With DOS 9/10/12 was not medically necessary.

RETRO SUMATRIPTAN SUCCINATE TABLETS 25 MG, #9 X 2 QTY: #19 WITH DOS 9/10/12: 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: FDA (Sumatriptan)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. The patient had complaints of headaches, however, there is no documentation that she had migraines. Therefore, the request for Retro Sumatriptan Succinate Tablets 25 MG, #9 X 2 Qty: #19 With DOS 9/10/12 was not medically necessary.