

Case Number:	CM14-0030956		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2012
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/11/2014

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 and is licensed to practice in Texas and New York. 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 55-year-old female who reported an injury on 06/26/2012. The mechanism of injury was not specifically stated. Current diagnoses include lumbar radiculopathy, myositis/myalgia, gastroesophageal reflux disease (GERD), medication-related dyspepsia, and T-12 compression fracture with disc herniation and cord compression. The injured worker was evaluated on 05/27/2014 with complaints of neck pain, low back pain, and lower extremity pain. Physical examination revealed lumbar spasm, tenderness to palpation, limited lumbar range of motion, and decreased strength in the right lower extremity. Treatment recommendations at that time included a urine drug screen and continuation of hydrocodone, Naprosyn, Ondansetron, Protonix, and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43, 77, 89. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, URINE DRUG TESTING.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there was no evidence of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the medical necessity for repeat testing has not been established. As such, the request is not medically necessary.

Ondansetron 4 mg #30: 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 CHAPTER, ONDANSETRON, ANTIEMETIC.

Decision rationale: The Official Disability Guidelines state Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. It has been FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Pantoprazole 20 mg: 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) Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high-risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.