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| Case Number: | CM14-0040016 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 02/19/2008 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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 Pain Medicine, 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 62-year-old male with a 2/19/08 date of injury. Progress note dated 1/4/12 described abdominal pain and back pain. Blood pressure was 141/91 with bradycardia and the patient is currently utilizing Lisinopril. There were also spasms in the cervical spine. Treatment plan discussed omeprazole, Zofran, Lisinopril, and vitamin D. 11/6/13 progress note described pain in the cervical and lumbar spine (8/10) without medications. Blood pressure is now stable and was noted to be 139/88. Treatment plan discussed Cozaar, Ultram, and Viagra. 3/19/14 progress note described stable blood pressure, continued neck pain with radiation to bilateral shoulders. There was lumbar spine pain with reduced range of motion and positive SLR (straight leg raise). Treatment plan discussed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg, #90 (DOS 6/4/11): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Procedure Summary and on Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; PPI (proton pump inhibitors).

Decision rationale: The medical necessity for the requested omeprazole for 6/4/11 date of service is found to not be medically necessary. A request for omeprazole 20 mg #90 with this date of service previously was non-certified as there was no medical report corresponding to a 6/4/11 date of service. Guidelines support the use of omeprazole for patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, there remains no progress note with a 6/4/11 date. The request is not substantiated.

Retrospective Omeprazole 20mg, #90 (DOS: 1/4/12 and 2/15/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Procedure Summary and on Mosby's Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; PPI (proton pump inhibitors).

Decision rationale: Medical necessity for omeprazole for dates of service on 1/4/12 and 2/15/12 is established. It was noted that the patient had gastric complaints on these days. There was note of persistent abdominal pain. 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. Due to gastric complaints noted on these dates and as the patient is utilizing multiple medications, the request is substantiated.

Zofran ,#30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Procedure Summary and on Mosby's Drug Consult.

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 and Other Medical Treatment Guideline or Medical Evidence: U.S. Food and Drug Administration: Ondansetron
information http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm?utm_source=fdaSearch&utm_medium=website&utm_term=zofran&utm_content=1 (accessed 5/2/2012).

Decision rationale: Medical necessity for the requested Zofran is not established. The provided medical records described abdominal pain, however there was no discussion of nausea or vomiting. ODG & the FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is not entirely clear why Zofran was requested. The request is not substantiated.

Protonix 20mg, #90.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Procedure Summary proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Pain Chapter): Proton pump inhibitors (PPIs).

Decision rationale: Medical necessity for the requested Protonix is not established. Although there is documentation of prior omeprazole use, there is no documentation of a lack of efficacy of omeprazole or lansoprazole. MTUS chronic pain medical treatment guidelines state that Pantoprazole (Protonix) is considered second-line therapy, and should be utilized only when there is documented failure of Omeprazole or Lansoprazole. As this issue was not addressed, the request is not substantiated.