

Case Number:	CM14-0042429		
Date Assigned:	06/30/2014	Date of Injury:	02/27/2006
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational 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:

This is a 59-year-old male with a date of injury of 2/27/06. The mechanism of injury occurred when he fell approximately 12 feet to the ground. He did not lose consciousness, and had immediate pain as his right hand was impaled on rebar, and pain to his right knee and ankle. He had right ankle surgery x 5, right knee replacement surgery. He injured his back awaiting knee surgery, and eventually had a lumbar spine fusion. On 2/18/14, he was seen with complaints involving his right hand, right knee, and lumbar spine. Exam findings: right hand with full range of motion of the fingers and wrist, and painful range of motion of lumbar spine with no spasms present. The diagnostic impression is chronic low back pain, radiculopathy, right lower extremity, and depression. Treatment to date: surgery, chiropractic treatment and conservative management, medication management. A UR decision dated 3/11/14, denied the request for ondansetron (Zofran), omeprazole (Prilosec), and cyclobenzaprine (Flexeril). The ondansetron was denied because submitted records indicate that the patient was prescribed Zofran to treat nausea caused by NSAID prophylaxis. The use of Zofran is not FDA-approved for this clinical presentation of nausea and is not supported by guidelines. The Prilosec was denied because although the patient was given a prophylactic prescription of omeprazole, the patient did not have a clinical history of GI upset nor was he at intermediate or greater risk for GI events. The Flexeril was denied because although he has low back pain, no muscle spasms were observed during the exam on 2/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ondansetron 4mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. However, this patient was prescribed Zofran for prophylaxis use due to NSAID therapy. It is FDA approved for the treatment of nausea and vomiting secondary to chemotherapy and radiation therapy, and post-op use. Therefore, the request for ondansetron 4mg #30 was not medically necessary.

1 Prescription for Omeprazole 20mg #30: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation 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. The patient was prescribed Diclofenac XR 100mg, which is an NSAID. Guidelines do support the use of omeprazole, a proton pump inhibitor, with concurrent NSAID use. In addition, the Diclofenac, along with the use of Omeprazole, will help prevent unwanted gastrointestinal effects such as nausea due to the Diclofenac use. Therefore, the request for Omeprazole 20mg #30, was medically necessary.

1 Prescription of Cyclobenzaprine 7.5mg #30: Upheld

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 Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. There was no documentation of an acute exacerbation of the patient's chronic pain, and on 2/18/14, the exam found no spasms in the lower back. Guidelines

do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for cyclobenzaprine 7.5mg #30 was not medically necessary.