

Case Number:	CM14-0052263		
Date Assigned:	07/11/2014	Date of Injury:	07/19/2010
Decision Date:	08/26/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/21/2014

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 Geriatrics and is licensed to practice in 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 68 year old man with a date of injury of 7/19/10. He was seen by his primary treating physician on 3/4/14 with right shoulder pain and weakness with surgery scheduled for later that month. His physical exam showed deltoid and subacromial pain and a positive apprehension test. He had a painful arc of motion and abduction was 95/180 degrees and flexion 105/80 degrees. His diagnoses included degenerative joint disease - cervical, thoracic and lumbar spine, right meniscus tear knee, right shoulder sprain / impingement and carpal tunnel syndrome left hand/wrist. At issue in this review are the prescriptions for Ondansetron for treatment of nausea from surgery or other medications. and Lorazepam for sleep. It appears from the records that Lorazepam is a refill and Ondansetron is a new prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date, treatment of insomnia.

Decision rationale: Benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the problem and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not addressed. In this injured worker, Valium is prescribed for long-term use for sleep and therefore, the request for Lorazepam 2mg #30 is not medically necessary and appropriate.

Ondansetron 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference.

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: Up To Date: Ondansetron: Drug Information.

Decision rationale: This worker has chronic pain with upcoming surgery. Ondansetron is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, prevention of nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, prevention of nausea and vomiting associated with radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, the reason for prescription is not clear. There is no documentation of nausea or vomiting from other medications and if it is being prescribed empirically for post-operative nausea and vomiting, there is no evidence to support that this individual will develop this post operative condition. Therefore, the request of Ondansetron 4mg #30 is not medically necessary and appropriate.