

<b>Case Number:</b>	CM14-0065647		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Emergency Medicine 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 patient is a 37-year-old male who was injured on June 4, 2010. The patient continued to experience pain in neck, left upper extremity, thoracic back, and bilateral lower extremities. Physical examination was notable for mildly antalgic gait, tenderness in patient's described areas of pain, reduced muscle strength in the plantar flexor muscles, and spasm in the paraspinal muscle spasm of the cervical, thoracic, and lumbar spines. The diagnoses included chronic pain syndrome, myofascial pain, opiate intolerance, lumbar/lumbosacral disc degeneration, cervicalgia, and myalgia/myositis. Treatment included medications. The medical records were reviewed. Requests for authorization for Zofran 4 mg # 50 and Protonix 40 mg #30 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 4mg, #50:** 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) Antiemetics (for opioid nausea)

**Decision rationale:** According to the Official Disability Guidelines, Zofran is Ondansetron, a serotonin 5-HT<sub>3</sub> receptor antagonist, used as an antiemetic. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Therefore, this request is not medically necessary.

**Protonix 40mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2013

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Protonix is pantoprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. Therefore, this request is not medically necessary.