

Case Number:	CM14-0067244		
Date Assigned:	07/11/2014	Date of Injury:	07/21/2008
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 records presented for review indicate that this 44 year old female was reportedly injured on July 21, 2008. The mechanism of injury is noted as a repetitive work injury due to walking on cement floors. The most recent progress note, dated April 16, 2014, indicates that there are ongoing complaints of low back pain, leg pain, and difficulty sleeping. No physical examination was performed. Diagnostic imaging studies of the lumbar spine indicated posterior disc protrusions at L3 - L4, L4 - L5, and L5 - S1. Previous treatment includes participation in an NESP-R program. A request had been made for retrospective nanofluid generator CRNS -9 pump, clonidine, and Zofran and was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nanofluid Generator CRNS -9 Pump, 220v single fixed unit to be installed in the patient home bathroom (tub)(DOS 4/16/2014): 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nanovated.org/nanofluid-generator.html>.

Decision rationale: A nano fluid generator is a device dissolve oxygen into bathwater. There are no studies to indicate that this type of treatment has any benefit for lower back pain and leg pain. Considering this, the request for nanofluid generator CRNS -9 pump, 220 V single fixed unit to be installed in the injured employee's bathroom is not medically necessary.

Retrospective Clonidine 0.1 mg #60 (DOS 04/16/2014): 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), Pain Chapter.

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682243.html>.

Decision rationale: Clonidine is a medication indicated to be used alone or in combination with other medications to treat high blood pressure. A review of the Supplied medical record does not indicate any justification for the use of this medication. As such, this request for clonidine is not medically necessary.

Retrospective Zofran 8mg #30 (DOS 4/16/2014): 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), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG-TWC - ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Pain (Chronic); Antiemetic - updated July 10, 2014.

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operatively, and acute gastroenteritis. The ODG guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records fail to document an indication for why this medication was given. As such, this request for Zofran is not medically necessary.