

Case Number:	CM14-0072665		
Date Assigned:	07/16/2014	Date of Injury:	06/05/2001
Decision Date:	08/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine, 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 injured worker is a 66-year-old female with reported injury on 06/05/2001. The mechanism of injury was not provided. The diagnoses consisted of postsurgical status right Total Knee Arthroplasty (TKA) on 05/16/2014, sprain/strains of the knee and leg, and chondromalacia of the patellae. Prior treatments included physical therapy and a home exercise program. The injured worker had an orthopedic examination on 06/18/2014 as a follow-up from her total knee arthropathy. The injured worker had started physical therapy, working with her knees, and she was doing extremely well. It was noted that she had 110 degrees of flexion and full extension with improving strength. She was able to resist gravity and her muscle strength was 3+/- and resistant to flexion and extension. She was to continue her home exercise program and to continue her physical therapy. The injured worker's medication regimen included Robaxin, Naprosyn, Omeprazole, and Ondansetron. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 PO 12H PRN: 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 (updated 04/10/14) Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gi symptoms and cardiovascular risk, page(s) 68 Page(s): 68.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no documentation indicating the injured worker has a history of ulcer, gastrointestinal bleed, or perforation. There is no evidence of gastrointestinal symptoms within the documentation. The injured worker did not have any complaints of any gastric distress. There is a lack of documentation indicating the injured worker has significant improvement in symptoms with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the quantity of medication that is being requested in order to determine the necessity of the medication. Therefore, the request for Omeprazole 20mg is not medically necessary.

Ondansetron 8mg ODT 1 PRN: 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 (updated 1/07/14) Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic.

Decision rationale: The Official Disability Guidelines do not recommend the use of Antiemetics for nausea and vomiting secondary to chronic opioid use. The guidelines note Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, for postoperative use, and acute use is FDA-approved for gastroenteritis. There is not documentation indicating the injured worker reported significant nausea and/or vomiting. The injured worker underwent surgical intervention on 05/10/2014; however, the need for a continued post-operative antiemetic is not indicated. There is a lack of documentation indicating the injured worker has significant improvement in symptoms with the medication. Additionally, the request does not indicate the quantity of medication that is being requested in order to determine the necessity of the medication. Therefore, the request for the Ondansetron 8mg ODT 1 PRN is not medically necessary.

Naproxen Sodium Tablets 550mg once every 12 hours with food as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 67-68 Page(s): 67-68.

Decision rationale: The California MTUS Guidelines do recommend the use of NSAIDs at the lowest dose for the shortest period of time. The guidelines also state that acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and particularly for those with gastrointestinal complaints. The recommended dose for naproxen or Naprosyn is 250 to 500 mg twice a day. The request is for naproxen 550 mg twice a day, which exceeds the recommended dose. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for the Naproxen Sodium Tablets 550mg #120 is not medically necessary.