

Case Number:	CM14-0089898		
Date Assigned:	10/23/2014	Date of Injury:	10/27/1999
Decision Date:	11/20/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old male who was injured on 10/27/1999. He was diagnosed with stress, lumbar disc disease with radiculopathy. He was treated with physical therapy, medications, and manipulation. He was also diagnosed with GERD (unrelated to his injury) for which he was treated with both proton pump inhibitors and H-2 blockers. On 4/22/14, the worker was seen by his gastroenterologist complaining of his GERD symptoms as well as nausea, reporting that the nausea improved on Zofran. He reported using Norco, Promethazine, testosterone, Benadryl, propecia, Advil 200 mg, Pepcid AC, Klonopin, Aciphex, Protonix, and Zofran. He was recommended a trial of Reglan and Inderal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg every 6-8 hours as needed #30: Upheld

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

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is

only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, he trialed Zofran for his nausea which reportedly helped relieve his nausea to some extent. However, there is no evidence to suggest Zofran was needed over any other anti-emetic, nor was there any suggested connection with his injury. Therefore, the Zofran is not medically necessary.

Pepcid AC 20mg twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rlist.com/pepcid-drug/indication-dosage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor or h-2 blocker (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The worker in this case was using two proton pump inhibitors and Pepcid, which is excessive use of antacid medication. Also, there is no evidence that his Pepcid use is directly connected to his injury as his GERD is not connected directly, according to the notes reviewed. Also, there was no evidence to suggest the worker was at an increased risk for gastrointestinal events based on the information available to the reviewer. Therefore, the Pepcid is not medically necessary to continue.