

Case Number:	CM14-0130659		
Date Assigned:	08/20/2014	Date of Injury:	04/08/2009
Decision Date:	04/07/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old female who reported an injury on 04/08/2009. The mechanism of injury was a fall. Her past treatments have included cervical fusion, left shoulder arthroscopy, lumbar fusion, epidural steroid injections, and medications. A Request for Authorization dated 05/19/2014 indicated that ondansetron was being prescribed for nausea as a side effect of cyclobenzaprine and other analgesic agents. It was noted that the injured worker had described relief of this type of nausea with use of this medication. Omeprazole was being prescribed for GI symptoms in conjunction with the injured worker's pain and anti-inflammatory medications. Specifically, it was noted she was taking naproxen which had caused stomach upset and epigastric pain for this injured worker in the past. Cidaflex was being prescribed as a joint supplement to be used 3 times a day for joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg #30 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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, Antiemetics (for opioid nausea).

Decision rationale: The injured worker was noted to be taking ondansetron since at least 03/26/2012. According to the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Specifically, the guidelines state ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy/radiation treatment or to be used postoperatively. The clinical information submitted for review did not support that the injured worker was in the immediate postoperative phase. There was also no documentation indicating that she had nausea and vomiting secondary to chemotherapy or radiation treatment. As the guidelines do not support use of this medication for nausea secondary to medication use, the request is not supported. In addition, the request as submitted did not indicate frequency. As such, the request is not medically necessary.

Omeprazole Delayed-Release Capsules 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs- GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients taking NSAIDs who are shown to be at increased risk for gastrointestinal events or for those with complaints of dyspepsia related to NSAID use. The clinical information submitted for review indicated that the injured worker had been using omeprazole since at least 03/26/2012 for GI symptoms related to naproxen use. While this is appropriate according to the guidelines, the documentation did not adequately show that she had significant relief of her symptoms with use of this medication. In addition, the request as submitted did not include a frequency. As such, the request is not medically necessary.

Cidaflex Tablets #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: According to the California MTUS Guidelines, glucosamine/chondroitin is recommended as an option for patients with moderate arthritis pain, especially knee osteoarthritis. The clinical information submitted for review indicated that the injured worker has been utilizing Cidaflex since at least 03/26/2012. While she was shown to have chronic pain related to the cervical spine, lumbar spine, and shoulder. However, the documentation failed to

show evidence of efficacy in terms of decreased pain and improved function to support continued use. In addition, the request as submitted did not indicate a dose and frequency. For these reasons, the request is not medically necessary.