

Case Number:	CM14-0199550		
Date Assigned:	12/10/2014	Date of Injury:	05/23/2002
Decision Date:	01/22/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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:

This 52 year-old patient sustained an injury on 5/23/2002. Request(s) under consideration include 10 Tablets of Zofran 8 MG and 60 Capsules of Prilosec 20 MG. Diagnoses include lumbar disc displacement post laminectomy syndrome with lumbar fusion on 11/27/12/ radiculopathy; restless leg syndrome secondary to neuropathic pain; reactionary depression/anxiety; post-traumatic fibromyalgia; and bilateral knee sprain/strain secondary to overcompensation. Conservative care has included medications, therapy, nerve blocks, spinal cord stimulator treatment, and modified activities/rest. Medications list Norco, Prilosec, Ativan, Lidoderm, Voltaren Gel, Cymbalta, Neurontin, and Zofran. The patient continues to treat for chronic ongoing symptoms. Report of 10/28/14 from the provider noted low back pain radiating to bilateral lower extremities with VAS of 8/10; discontinued Fexmid and Anaprox due to GI distress. Exam remained unchanged with treatment plan for lumbar spinal cord stimulator placement with medication refills. The request(s) for 10 Tablets of Zofran 8 MG and 60 Capsules of Prilosec 20 MG were non-certified on 11/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Tablets of Zofran 8 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; Antiemetics (for opioid nausea), page 773, Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications (cancer pain).

Decision rationale: The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA- approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this injury of 2002. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The 10 Tablets of Zofran 8 MG is not medically necessary and appropriate.

60 Capsules of Prilosec 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Although there was noted symptoms, the patient has discontinued NSAIDs and submitted reports have not described or provided any GI diagnosis, clinical findings, or confirmed diagnostic testing that meet the criteria to indicate medical treatment to warrant this medication. The 60 Capsules of Prilosec 20 MG is not medically necessary and appropriate.