

<b>Case Number:</b>	CM14-0201960		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	05/03/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Practice, 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 injured worker is a 65 year-old male who was injured on 5/3/10. He complained of neck pain. He had "progressive neurological deterioration with gait and dexterity changes. On exam, he had decreased extension and rotation of the cervical spine. He had slight weakness of right triceps, wrist extensors and flexors. He some weakness of the lower extremities and decreased sensation of right forearm, hand, and triceps. MRI of cervical spine showed evidence of severe stenosis with obliteration of cerebrospinal fluid and theca sac compression at C5-6 and C6-7, evidence of myelomalacia, right-sided moderate to severe neuroforaminal stenosis at C5-6 and C6-7 due to disc-osteophyte complex at both levels. He was diagnosed with displacement of cervical intervertebral disc without myelopathy, cervical spondylosis with myelopathy, and spinal stenosis in the cervical region. As per the chart, he failed physical therapy with 12-18 sessions and had two failed epidural steroid injections. His medications included Norco and Gabapentin. An anterior discectomy was recommended. The current request is for Zofran and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran 8 mgm #10:** 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, Antiemetics

**Decision rationale:** The request is not considered medically necessary. MTUS does not address the use of Ondansetron. According to ODG guidelines, Ondansetron is not recommended for nausea and vomiting due to chronic opioid analgesics. This medication is used for nausea associated with chemotherapy, treating cancer pain, or post-operative pain. This patient does not have any documented complaints in the only progress included in this limited chart. He is not being treated with chemotherapy, for cancer pain, or post-operative pain. Surgery was recommended but not approved yet. Therefore, she will not need Ondansetron and the request is considered not medically necessary.

**Prilosec 20 mgm #60:** 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) PPIs, NSAIDS, GI symptoms

**Decision rationale:** The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. The patient was not documented to be on NSAIDs in this limited chart consisting of one progress note. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.