

Case Number:	CM14-0204196		
Date Assigned:	12/16/2014	Date of Injury:	10/02/1996
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 injured worker's date of injury is 10/02/1996. Documentation regarding the original work-related injury was not provided. This patient receives treatment for chronic low back pain, post-laminectomy syndrome, fibromyalgia, major depression, and opioid dependence. Medications prescribed include Savella, Duragesic, Mirapex, Dalmane, and a morphine pump used for chronic pain. The patient received physical therapy and aquatic therapy treatments. Medical documentation regarding the two medications in this review is limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 MG #10: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Prevention and treatment of chemotherapy-induced nausea and vomiting, by Paul Hesketh, MD, in UpToDate.com

Decision rationale: According to the guidelines, Ondansetron is a 5-HT3 agonist. It is a potent anti-nausea agent indicated to treat the nausea and vomiting associated with chemotherapy and

some post-operative states. The treating physician wrote on the RFA dated 11/04/2014 that Zofran is for "esophagitis." Both chemotherapy and surgery were not mentioned. Zofran is not medically indicated, because Zofran is not medically indicated to treat esophagitis. Therefore, this request is not medically necessary.

Protonix 20 MG #90: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDs. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. The treating physician wrote on the RFA dated 11/04/2014 that Prilosec is to treat nausea. Prilosec is not medically indicated. Therefore, this request is not medically necessary.