MAXIMUS Federal Services

Case Number:	CM14-0210879		
Date Assigned:	12/23/2014	Date of Injury:	10/19/2010
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 56 year-old male who has a history of a work injury occurring on 10/19/10 and is being treated for radiating low back pain. He was seen on 06/04/14. He was having low back and left lower extremity pain with left thigh numbness. Physical examination findings included left lower extremity weakness. Tramadol, gabapentin, Norco, Naprosyn, and Prilosec were refilled. Authorization for a lumbar spine MRI was requested. An x-ray of the lumbar spine on 07/01/14 showed findings of multilevel anterolisthesis with partial reduction with lumbar extension. On 07/02/14 imaging results were reviewed. Surgery was recommended. He was seen for a pre-operative evaluation on 09/08/14. Review of systems was negative for gastrointestinal problems. He was determined to be at average risk and cleared for the planned procedure. He underwent surgery on 09/10/14. On 09/19/14 he was doing well. His walking had improved. On 10/22/14 his incision had healed. He was having back soreness. He was referred for physical therapy. On 12/16/14 Norco 10/325 mg #180, Prilosec 20 mg, #60, gabapentin 600 mg #90, Fexmid 7.5 mg #60, and Zofran 8 mg #10, were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg delayed release, 1 capsule by mouth twice a day, #60 refill 0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for radiating low back pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal antiinflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal antiinflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed. Therefore the request is not medically necessary.

Zofran 8mg, 0.5 1 tablet by mouth, 3 times a day as needed, #10 refill 0, related to low back symptoms, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics; Ondansetron prescribing information .

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for radiating low back pain. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Norco, there is no history of opioid induced nausea. Therefore, the request is not medically necessary.