

Case Number:	CM14-0211136		
Date Assigned:	12/24/2014	Date of Injury:	06/29/2013
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
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 Internal Medicine 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:

The injured worker (IW) is a 41-year-old man with a date of injury of June 29, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are multiple trauma, right facial trauma; psychological injury, closed head injury; and status post ACDF at C6-C7 on October 28, 2014. According to UR documentation, a peer review was performed on August 14, 2014, which non-certified Tramadol, Ondansetron, and Orphenadrine. It was stated that according to the June 20, 2014 examination, the IW had severe nausea and vomiting with the use of Tramadol. Given the severe side effects of Tramadol, it was recommended that medication be discontinued. As such the injured worker's nausea and vomiting should subside once the Tramadol was discontinued. Pursuant to the primary treating physician's progress report dated November 16, 2014, the IW is status post anterior decompression and fusion (ACDF) at C6-C7 on October 28, 2014. The pain is improving. He has some hoarseness. Norco keeps him up at night. Objective physical findings reveal normal reflex, sensory and power testing to bilateral upper and lower extremities. Gait is normal. There was positive cervical tenderness and palpable spasms. Current medications include Naproxen, Protonix, Flexeril, and Percocet. The IW has been taking Prilosec since June 6, 2014, according to a progress note with the same date. There was no documentation regarding GI symptoms, or risk factors. The current request is for Protonix 20mg #60, and Zofran 8mg #10, DOS: 11/6/14. The documentation did not indicate there was any nausea and vomiting postoperatively. The IW was already two weeks postoperative and the progress notes did not reflect any nausea and vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8mg #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 Official Disability Guidelines (ODG); Pain Section, Anti-emetics/ Zofran.

Decision rationale: Pursuant to the Official Disability Guidelines, Zofran 8 mg #10 is not medically necessary. Antiemetics are not recommended for nausea and vomiting secondary to chronic opiate abuse. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation therapy; postoperative use; and gastroenteritis. In this case, the documentation indicates the injured worker had a rescheduled ACDF C6 - C7 with allograft bone, interbody cage, and anterior cervical plating that took place on October 28, 2014. The documentation did not indicate there was any nausea and vomiting postoperatively. On November 6, 2014 (two weeks later), the treating requested Zofran 8 mg #10 for postoperative nausea and vomiting. However, according to the medical records the injured worker was two weeks postoperative and the progress notes not reflect any nausea and vomiting. Consequently, absent documentation supporting postoperative Zofran use (based on the request two weeks postoperative) and no evidence of postoperative nausea and vomiting, Zofran 8 mg #10 is not medically necessary.

Protonix 20mg #60.: 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 NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAID and GI Effects, Protonix.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the official disability guidelines, Protonix 20 mg #60 is not medically necessary. Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatories that are at risk for certain gastrointestinal events. These risk factors include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the documentation indicates the injured worker was prescribed Protonix as a G.I. protectant on June 6, 2014 for Naprosyn. The documentation did not indicate the injured worker had any comorbidity conditions or risk factors enumerated above. Specifically, there was no history of peptic ulcer disease, G.I. bleeding or concurrent use of aspirin etc. Consequently, absent risk factors for gastrointestinal disease, Protonix #60 is not medically necessary.

