

<b>Case Number:</b>	CM15-0000521		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 58-year-old female, who sustained an industrial injury on 9/16/10. She has reported neck, back and rib injuries sustained in a motor vehicle accident. The diagnoses have included cervical discopathy and lumbar discopathy. Treatment to date has included medications, diagnostics, 6 failed lumbar epidural blocks; surgery included cervical spine surgery in 2012. Currently, as per the primary treating physician's initial orthopedic evaluation dated 9/5/13, the injured worker complains of pain in the low back, right side greater than the left, that radiates to the buttocks and down the legs to the toes. There was associated tingling and numbness. Physical exam of the lumbar spine revealed pain and tenderness, standing flexion and extension were guarded and restricted, and dyesthesia was noted, right greater than left. The x-ray of the lumbar spine dated 9/5/13 revealed disc space height collapse and pathology most significant at L4-5. There were no current medications noted. Treatment plan was medications. Work status was retired. On 12/5/14, Utilization Review non-certified a request for OMEPRAZOLE DELAYED RELEASE CAPSULES 20MG #120, ONDANSETRON ODT TABLETS 8MG #30 X2 QTY= 60 and MEDROX PAIN RELIEF OINTMENT 120GM X2 QTY-240, noting the Official Disability Guidelines (ODG) proton pump inhibitors were cited, Mosby's drug consult was cited and (MTUS) Medical Treatment Utilization Schedule Topical Analgesics guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DELAYED RELEASE CAPSULES 20MG #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PPIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

**Decision rationale:** The patient is a 58-year-old female with an injury on 09/16/2010. She had neck pain and back pain from a MVA. In 2012, she had cervical spine surgery. The patient is under the age of 65. There is no documentation of peptic ulcer disease or GI bleeding. She is not taking anticoagulants. She is not a high risk patient for GI bleeding and a proton pump inhibitor is not medically necessary. Omeprazole was the first proton pump inhibitor on the US market and it is not medically necessary for this patient.

**ONDANSETRON ODT TABLETS 8MG #30 X2 QTY= 60: 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 Zofran, FDA approved package insert, indications.

**Decision rationale:** The patient is a 58-year-old female with an injury on 09/16/2010. She had neck pain and back pain from a MVA. In 2012, she had cervical spine surgery. The FDA approved indications for Zofran (Ondansetron) are for the treatment and prevention of nausea and emesis associated with chemotherapy in cancer patients, radiation therapy in cancer patients or in the prevention and treatment of post operative nausea or emesis. There is no documentation of a FDA approved indication for Zofran and the use of Zofran in this patient is experimental and investigational treatment.

**MEDROX PAIN RELIEF OINTMENT 120GM X2 QTY-240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

**Decision rationale:** The patient is a 58-year-old female with an injury on 09/16/2010. She had neck pain and back pain from a MVA. In 2012, she had cervical spine surgery. MTUS guidelines note that if an active ingredient of a compound topical analgesic is not recommended then the entire compound medication is not recommended. Medrox topical ointment contains salicylate

and Menthol. Menthol is not a recommended active ingredient; therefore, Medrox is not recommended. It is not medically necessary for this patient.