

Case Number:	CM15-0104822		
Date Assigned:	06/09/2015	Date of Injury:	11/16/2005
Decision Date:	07/13/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/01/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 43 year old male, who sustained an industrial injury on 11/16/2005, due to a motor vehicle accident. The injured worker was diagnosed as having lumbar disc disorder and lumbosacral neuritis, not otherwise specified. Treatment to date has included conservative measures. Currently, the injured worker complains of constant and worsening low back pain, with radiation to the lower extremities, rated 7/10. A review of symptoms did not note any gastrointestinal complaints. The treatment plan included medication refills, including Lansoprazole and Ondansetron. Other requested medications included Nalfon, Cyclobenzaprine, and Tramadol ER. Lansoprazole was requested for gastrointestinal protection and Ondansetron was requested for nausea associated with headaches, due to chronic cervical spine pain. He continued to work full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors, NSAIDS, GI symptoms & cardiovascular risk. Decision based on Non- MTUS Citation Official Disability Guidelines, Pain, Proton pump inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Proton pump inhibitors (PPIs). <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG; "Prevacid recommended for patients at risk for gastrointestinal events. See NSAIDs, GI symptoms & cardiovascular risk. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective (AHRQ, 2011)". There is no documentation that the patient is at increasing risk of GI bleed or failed first line Proton pump inhibitors (PPIs). Therefore, the request for Lansoprazole 30mg #120 is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy and is not indicated for nausea and vomiting related to opioid use. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding nausea and vomiting secondary to chemotherapy and radiation treatment as well as postoperative use or acute gastroenteritis. Therefore, the prescription of Ondansetron 8mg #30 is not medically necessary.