MAXIMUS Federal Services

| Case Number: | CM15-0139848 | | |
|---|---|---|---|
| Date Assigned: | 07/29/2015 | Date of Injury: | 04/07/2011 |
| Decision Date: | 08/26/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 45 year old male, who sustained an industrial injury on 4-7-2011. Diagnoses have included cervical spine sprain-strain with right upper extremity radiculitis, right shoulder sprain-strain, right shoulder adhesive capsulitis and lumbar spine sprain-strain with right lower extremity radiculitis. Treatment to date has included right shoulder surgery, magnetic resonance imaging (MRI) and medication. According to the progress report dated 5-26-2015, the injured worker complained of pain in his left knee and right shoulder. He reported that his symptoms were mostly unchanged from the last visit. Exam of the left knee revealed tenderness. Exam of the right shoulder revealed tenderness and crepitus. Review of systems was positive for heartburn, joint pain and depression. Authorization was requested for Ondansetron, Nizatidine and a urinalysis. A review of systems dated March 11, 2015 is positive for heartburn. A report dated June 29, 2015 indicates that the patient was prescribed Norco.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg, #180:** 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), 2014 (pain).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Anti-emetics.

**Decision rationale:** Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of anti-emetic medication. ODG states that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.

**Nizatidine 150mg, #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for nizatidine (Axid), California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, it appears the patient is having complaints of heartburn. As such, the currently requested nizatidine (Axid) is medically necessary.

**Urinalysis:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95, 82. Decision based on Non-MTUS Citation ODG, 2013 (Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is on controlled substance medication. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.