

<b>Case Number:</b>	CM15-0147380		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Emergency 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:

This 56 year old woman sustained an industrial injury on 5-13-2013. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 10-29-2013. Diagnoses include cervical spine sprain-strain with bilateral upper extremity radiculopathy, status post bilateral shoulder surgeries, bilateral forearm fracture, and bilateral wrist surgery. Treatment has included oral medications. Physician notes on a PR-2 dated 6-19-2015 show complaints of right upper extremity pain. Recommendations include Ultram, Baclofen, Norco, Relafen, Prilosec, Zofran, transportation to and from medical appointments, and follow up in five to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran ODT 8 MG 1-2 Tabs #10:** Upheld

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

**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), Ondansetron (Zofran®).

**Decision rationale:** The requested Zofran ODT 8 MG 1-2 Tabs #10, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran), note "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has right upper extremity pain. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Zofran ODT 8 MG 1-2 Tabs #10 is not medically necessary.

**Prilosec 20 MG #30:** Upheld

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

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

**Decision rationale:** The requested Prilosec 20 MG #30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has right upper extremity pain. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20 MG #30 is not medically necessary.