

Case Number:	CM15-0196816		
Date Assigned:	10/12/2015	Date of Injury:	09/26/2000
Decision Date:	12/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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:

This is a 59 year old female who sustained a work-related injury on 9-26-00. Medical record documentation on 9-3-15 revealed the injured worker reported neck pain, low back pain and upper extremity pain. She rated her pain a 6 on a 10-point scale with medications and an 8 on a 10-point scale without medications. She reported gastroesophageal reflux disease related and medication associated gastrointestinal upset. She reported moderate nausea. She reported constipation and noted that her current stool softener controlled the symptoms. Diagnoses included chronic pain, cervical sprain-strain, fibromyalgia, depression, complex regional pain syndrome of the bilateral upper extremities, constipation, status post bilateral carpal tunnel syndrome and chronic nausea. Objective findings included spinal vertebral tenderness in the cervical spine at C4-6, tenderness to palpation over the lumbar spine at L4-S1 and tenderness to palpation over the bilateral upper extremities. Her treatment plan included home exercise program, recommended weight loss and acupuncture therapy. Her medications including Duloxetine DR, Gabapentin, Ondansetron, Pantoprazole, Senokot-S, tizanidine, Vitamin D, and Tylenol #4 were renewed. She had used Pantoprazole, Senokot-S, Vitamin D and Ondansetron since at least 4-16-15. A request for pantoprazole 20 mg #30, Senna-Docusate 50-8.6 mg #90, Vitamin D 2000 units #100 and Ondansetron 4 mg #30 was received on 9-21-15. On 9-24-15, the Utilization Review physician determined pantoprazole 20 mg #30, Senna-Docusate 50-8.6 mg #90, Vitamin D 2000 units #100 and Ondansetron 4 mg #30 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do document a history of documented GI related distress, GERD related to medical condition in relation to taking NSAID. As such the medical records do support a medical necessity for pantoprazole in the insured congruent with MTUS. Therefore the request is medically necessary.

Senna/Docusate 50/8.6mg #90: Overturned

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 Official Disability Guidelines (ODG) pain, constipation.

Decision rationale: Medical record documentation on 9-3-15 revealed the injured worker reported neck pain, low back pain and upper extremity pain. She rated her pain a 6 on a 10-point scale with medications and an 8 on a 10-point scale without medications. She reported gastroesophageal reflux disease related and medication associated gastrointestinal upset. She reported moderate nausea. She reported constipation and noted that her current stool softener controlled the symptoms. ODG guidelines support use of medication such as colace for opioid induced constipation. ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. The medical records indicate opioid induced constipation in relation to medication use. The request is medically necessary.

Vitamin D 2000 units #100: 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) Pain (updated 09/08/2015), Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, vitamin.

Decision rationale: ODG guidelines do not support Vitamin s in the absence of a demonstrated deficiency. The medical records do not indicate the presence of a vitamin D deficiency confirmed by laboratory testing. As such the medical records do not support the use of vitamin D congruent with ODG guidelines. Therefore the request is not medically necessary.

Ondansetron 4mg #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 (ODG) Pain (updated 09/08/2015)- Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, nausea.

Decision rationale: The medical records do not support ondansetron for nausea related to medication. Ondansetron is supported in relation to cancer treatment condition. As the medical records do not indicate such condition, the treatment is not supported in this setting. Therefore the request is not medically necessary.