

Case Number:	CM15-0218544		
Date Assigned:	11/10/2015	Date of Injury:	09/26/2000
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female with an industrial injury dated 09-26-2000. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, cervical spine sprain and strain, fibromyalgia, depression, complex regional pain syndrome of bilateral upper extremity, constipation and chronic nausea. According to the progress note dated 09-03-2015, the injured worker reported neck pain, low back pain, upper extremity pain and multiple trigger points. Pain level was 6 out of 10 with medication and 8 out of 10 without medication on a visual analog scale (VAS). Pain was reported as unchanged since her last visit. The injured worker reported gastroesophageal reflux disease related medication associated gastrointestinal upset. The injured worker also reported moderate nausea and constipation. The injured worker reported that pain interferes with activities of daily living. Objective findings (09-03-2015) revealed moderate distress, tenderness of the cervical and lumbar spine and bilateral upper extremity, decreased strength and sensation in the bilateral upper extremities. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Medical records indicate that the injured worker has been on Vitamin D and Ondansetron since at least 2014. The utilization review dated 10-28-2015, non-certified the request for Vitamin D 2000 units twice a day #100 and Ondansetron 4mg once a day #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg once a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Antiemetics (for opioid nausea) Section.

Decision rationale: The MTUS Guidelines do not address the use of ondansetron. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. Although the injured worker reports gastritis and nausea secondary to pain medication, this medication has been prescribed since 2014. It is not recommended for opioid-induced nausea. The request for Ondansetron 4mg once a day #30 is determined to not be medically necessary.

Vitamin D 2000 units twice a day #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Vitamin D (cholecalciferol) Section.

Decision rationale: The MTUS Guidelines do not address the use of Vitamin D. The ODG recommends consideration of Vitamin D supplementation in chronic pain patients. There is a correlation of low Vitamin D levels and the amount of narcotic pain medications used. The injured worker has been prescribed this medication since 2014 and there are no current Vitamin D levels available for review to determine the need for continued treatment. The request for Vitamin D 2000 units twice a day #100 is determined to not be medically necessary.