MAXIMUS Federal Services

Case Number:	CM15-0033732		
Date Assigned:	02/27/2015	Date of Injury:	08/30/2014
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 42-year-old male, who sustained an industrial injury on 8/30/14. On 2/23/15, the injured worker submitted an application for IMR for review of 15 Tablets of Zofran 8mg, and 1 Month Supply of Ibuprofen 800mg. The treating provider has reported the injured worker complained of right sided neck pain and it is also noted the injured worker still gets headaches on the right side of head with ear symptoms. The injured worker has been through a battery of testing for gastrointestinal symptoms of abdominal pain that radiates to the back accompanied by nausea and some constipation. There is no documented etiology. The diagnoses have included low back sprain unspecified. Treatment to date has included cervical MRI (11/2014); physical therapy. On 2/17/15 Utilization Review non-certified 15 Tablets of Zofran 8mg, and 1 Month Supply of Ibuprofen 800mg. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Tablets of Zofran 8mg: 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), Treatment Index, 11th Edition (web), 2014, Pain, Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants, NSAIDs, GI symptoms, opioids.

Decision rationale: Ondansteron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or postoperative. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. There is no documentation provided indicating the discontinuation of NSAID or switching of NSAID occurred. Additionally, ondansteron is not a proton pump inhibitor and is not considered first line treatment. As such, the request for 15 Tablets of Zofran 8mg is not medically indicated.

1 Month Supply of Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDS Page(s): 67-72.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long-term use. MTUS states "Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The patient reported on going abdominal pain while taking Ibuprofen. The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such, the request for 1 Month Supply of Ibuprofen 800mg is not medically necessary.