

Case Number:	CM15-0081200		
Date Assigned:	05/01/2015	Date of Injury:	08/29/2012
Decision Date:	06/02/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/28/2015

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: New York
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 49 year old male injured worker suffered an industrial injury on 08/29/2012. The diagnoses included right wrist strain/sprain, rule out bilateral knees and right ankle internal derangement. The diagnostics included bilateral knee magnetic resonance imaging. The injured worker had been treated with medications. On 3/20/2015 the treating provider reported that the injured worker was taking Naproxen and had a history of epigastric pain and upset while taking this medication. The provider reported nausea associated with migrainous headaches that were present with chronic cervical spine pain. The treatment plan included Omeprazole and Ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed-release 20mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 49 year old male with an injury on 08/29/2012. He had a right wrist strain/sprain, bilateral knee pain and right ankle injury. He has chronic neck pain. The patient does not meet MTUS criteria for a proton pump inhibitor (Omeprazole) because he is not 65 years or older, does not have documented GI bleeding or peptic ulcer disease and is not taking anticoagulants. He may have epigastric upset from NSAIDS but he does not meet MTUS guidelines for Omeprazole. Omeprazole is not medically necessary.

Ondansetron 8mg ODT Qty 30: Upheld

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 Zofran (Ondansetron) FDA approved package insert.

Decision rationale: The patient is a 49 year old male with an injury on 08/29/2012. He had a right wrist strain/sprain, bilateral knee pain and right ankle injury. He has chronic neck pain. Zofran is FDA approved for the treatment of nausea and emesis from chemotherapy and radiation therapy in cancer patients. The indications also include the treatment of nausea and emesis from anesthesia - post operative emesis and nausea. The use of Zofran in this patient is experimental and investigational treatment. It is not medically necessary.