

Case Number:	CM13-0035433		
Date Assigned:	12/13/2013	Date of Injury:	03/29/2004
Decision Date:	02/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 63-year-old woman who sustained a work related injury on March 29, 2004. According to a note dated on July 10 2013, the patient reported neck and right shoulder pain. The patient was treated with conservative therapies with some improvement. The provider is requesting authorization to use Zofran, Omeprazole and Ondansetron to treat the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

Decision rationale: Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication-induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.

Ondansetron ODT 4mg qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

Decision rationale: Ondansetron is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication-induced nausea and vomiting. Therefore, the prescription of Ondansetron is not medically necessary.

Omeprazole 20mg qty 60: 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);

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events.