

Case Number:	CM14-0119194		
Date Assigned:	08/06/2014	Date of Injury:	07/05/2005
Decision Date:	12/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Family 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 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/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:

This is a 52 year old male patient who sustained a work related injury on 7/5/05 and 10/13/2004. The exact mechanism of injury was not specified in the records provided. The current diagnosis includes bilateral knee pain. Per the doctor's note dated 5/9/14, patient has complaints of bilateral knee pain at 7-8/10. Physical examination revealed full range of motion bilateral knee flexion and extension with increased pain with knee extension bilaterally and normal sensation. The current medication lists include Diclofenac, omeprazole, Naproxen, Nortriptyline and tramadol 150 mg daily. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history include left carpal tunnel release, left elbow surgery, right elbow surgery, left shoulder surgery and left knee surgery x3. He has had a urine drug toxicology report on 5/27/14. The patient has received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, the patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20mg #50 is not fully established in this patient. Therefore, the request is not medically necessary.

Ondansetron 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 11/21/14), Antiemetics (for opioid nausea) Thompson micromedex, Ondansetron, FDA labeled indication

Decision rationale: Ondansetron is 5-HT₃ receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM does not address this request. Therefore ODG and Thompson Micromedex were used. Per ODG, "Antiemetics (for opioid nausea), Not recommended for nausea and vomiting secondary to chronic opioid use." According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, "Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting; Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis." Any indication listed above was not specified in the records provided. A rationale for use of this medication was not specified in the records provided. Any abnormal findings on GI examination were not specified in the records provided. The clinical information submitted for this review does not establish the medical necessity of Ondansetron 4mg #30 for this patient at this juncture.