

Case Number:	CM14-0124399		
Date Assigned:	08/08/2014	Date of Injury:	07/05/2012
Decision Date:	10/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 41-year-old female with a reported date of injury on 07/05/2012. The mechanism of injury was not stated in the records. The diagnosis included lumbago and status post microdiscectomy. Past treatments included pain medication, physical therapy, and surgical intervention. There was no relevant diagnostic imaging submitted for review. Surgical history included left sided L3-4 revision and microdiscectomy on 05/28/2014. The subjective complaints included lower back pain that was rated 1/10. The physical exam findings noted a very well healed incision to the L3-4 lumbar section. The muscle strength testing rated all muscles, upper and lower extremities, to be 5/5. The medications included Tylenol with codeine, Zofran 4 mg, Omeprazole 20 mg, and Naproxen 550 mg. The treatment plan was to continue and refill medications. A request was received for Zofran 4 mg, omeprazole 20 mg #60, and Naproxen 550 mg #60. The rationale for the request was not provided. The Request for Authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Pain, Ondansetron (Zofran).

Decision rationale: The request for Zofran 4 mg is not medically necessary. The Official Disability Guidelines state that Zofran is not recommended for nausea and vomiting secondary to chronic opioid use. The injured worker is currently taking Tylenol #3 with codeine. Additionally, the request as submitted did not provide a medication frequency or quantity. As Zofran is not supported by the guidelines, the request is also not supported. As such, the request is not medically necessary.

Omeprazole 20MG #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

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

Decision rationale: The request for omeprazole 20 mg #60 is not medically necessary. The California MTUS Guidelines recommend omeprazole for patients taking NSAIDs who are shown to be at increased risk for gastrointestinal events or who have complaints of dyspepsia related to NSAID use. The note do documents that the injured worker is taking Naproxen; however, there is no documented evidence that she is at increased risk for gastrointestinal events or has documented complaints of dyspepsia related to NSAID use. Since there is no documentation that the injured worker is at risk for gastrointestinal or has documented dyspepsia related to NSAID use, the request is not supported by the guidelines. As such, the request is not medically necessary.

Naproxen 550MG #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for Naproxen 550 mg #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. NSAIDs are recommended as second line treatment after acetaminophen. The notes indicate that the patient has low back pain. The notes also indicate that the patient is taking Tylenol with codeine, but rarely takes it because the pain is rated 1/10. As the patient's pain is effectively controlled with the current medication regimen, and there was no rationale as to why the Naproxen should be added, the request is not supported by the guidelines. Additionally, the request as submitted did not provide a medication frequency. As such, the request is not medically necessary.