

Case Number:	CM14-0134406		
Date Assigned:	08/27/2014	Date of Injury:	07/10/2009
Decision Date:	09/22/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/20/2014

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 Ohio. 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 38-year-old male whose date of injury is unknown. He's been treated for persistent low back pain radiating to the lower extremities, internal derangement of the right knee, and symptoms of gastroesophageal reflux thought to be related to chronic use of nonsteroidal anti-inflammatory drugs. His physical exam is generally revealed tenderness upon palpation of the lumbar spine with diminished range of motion, a positive McMurray's test and a positive patellar grind test. He underwent back fusion surgery in December 2012 and right knee arthroscopic surgery in November 2013. He has been on a variety of anti-inflammatory medication and has had fairly severe reflux symptomatology which has been treated first with protonix and then later omeprazole. He has had nausea as well as a result of the acid reflux and has been prescribed Zofran. The justification for Zofran had been given as nausea as a result of reflux, but a note from July 8 of 2014 changes the justification for Zofran to nausea associated with headaches caused by neck pain. The Zofran has been denied because of off label usage in the omeprazole and has been denied previously because the injured worker was felt to be a low risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section, NSAIDs, GI symptoms and cardiovascular symptoms.

Decision rationale: Prilosec is a proton pump inhibitor with numerous indications including treatment of gastroesophageal reflux disease which this injured worker certainly seems to have. The ODG guidelines, however, allow for use of proton pump inhibitors like Prilosec under specific conditions including those for whom nonsteroidal anti-inflammatory drugs are necessary and are over the age of 65, have a history of a peptic ulcer, G.I. bleeding or perforation, are also using aspirin, steroids or an anticoagulant, or are on high dose or multiple nonsteroidal anti-inflammatories. In this instance, the injured worker certainly has an FDA approved indication for the use of Prilosec however he does not appear to have an approved indication with regard to the ODG guidelines. Therefore, Prilosec 20 mg #120 is not medically necessary in this case.

Ondansetron (Zofran) ODT 8mg QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Zofran.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide, Chronic Pain Section Antiemetics.

Decision rationale: Antiemetic medication such as Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use and for acute gastroenteritis. It is not approved for nausea as a result of gastroesophageal reflux disease or nausea associated with migraine headaches for the purposes of the ODG guidelines. Therefore, Zofran 8 mg #30 is not medically necessary.

Orphenadrine Citrate ER 100mg QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Muscle Relaxants for Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section, Muscle Relaxants Topic.

Decision rationale: Nonsedating muscle relaxants are recommended as a second line option for short-term use in the treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall management. Orphenadrine is a drug similar to diphenhydramine but has greater anticholinergic effects such as drowsiness, urinary retention, and dry mouth. It is typically dosed 100 mg twice a day. In this case, muscle relaxants have been prescribed on a chronic basis. The amount of

muscle relaxants requested in this case is sufficient to provide two months of continuous use, certainly a period of time which exceeds 2-3 weeks. Orphenadrine is therefore not medically necessary