

Case Number:	CM14-0167897		
Date Assigned:	10/15/2014	Date of Injury:	01/11/2011
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational 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:

The claimant injured his cervical and lumbar spines on 01/11/11. Omeprazole and Ondansetron are under review. The claimant has a history of low back pain and intermittent cervical spine pain. He is status post ESIs and has been recommended to have fusion surgery. Authorization is pending per a note dated 09/05/14. He has been seen on multiple occasions and his medications have included NSAIDs and Norco. His findings have been relatively stable. On 09/05/14, he reported constant low back pain that was worse with his activities and radiated to the lower extremities. His pain was worse and was level 8/10. He was in no acute distress and his gait was intact. Seated nerve root test was positive. He had guarded and restricted range of motion. There was tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as the foot in an L5 and S1 dermatomal pattern. He had mild weakness of the EHL and ankle plantar flexors in the L5 and S1 muscles. Physical therapy was ordered. Refills of medications were ordered and he was pending a posterolateral intermittent vertebral fusion. He was prescribed Nalfon, cyclobenzaprine, and Ondansetron. The Nalfon was certified. The other medications are under review. The Ondansetron was prescribed for nausea associated with his headaches due to chronic cervical spine pain. He has also been prescribed tramadol. He has reported migraine-type headaches and pain in the interscapular region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) GI symptoms & cardi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

Decision rationale: The history and documentation do not objectively support the request for omeprazole 20 mg #120, frequency unknown. The CA MTUS state on p. 102 re: PPIs "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to the GI tract to support the use of this medication. The claimant's pattern of use of this medication and the anticipated benefit to him of its use are not entirely clear. The medical indication of this request for Omeprazole 20 mg has not been clearly demonstrated. Therefore, the request for Omeprazole 20mg #120 is not medically necessary and appropriate.

Ondansetron 8mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2014: Zofran

Decision rationale: The history and documentation do not objectively support the request for Ondansetron 8 mg #30, frequency unknown. The PDR states this medication is used to control or prevent nausea and vomiting and is typically used for patients who are on chemotherapy or radiation therapy or after surgery, among other possible indications. In this case, the specific indications for its use have not been described and none can be ascertained. There is no evidence of complaints of severe nausea that has not been controllable in other ways. Therefore, the Ondansetron 8mg #30 is not medically necessary and appropriate.