

Case Number:	CM14-0169059		
Date Assigned:	11/12/2014	Date of Injury:	04/16/2011
Decision Date:	12/23/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45 years old female with an injury date of 4/16/11. Based on the 9/11/14 progress report by [REDACTED] this patient complains of "knees worsening pain and putting pressure on back." This patient also "wakes up with nausea and HA going on for two months, Zofran helpful." Musculoskeletal exam of the lumbar spine is normal except "right quad muscle testing of 4/5 and (illegible) ant 4/5." Neurologic and sensory exam of the upper and lower extremities are normal except for the patella, which shows "asymmetrical" with "2/4 left and 0/4 right" and "Achilles deep tendon reflexes are graded at 2/4." Diagnoses for this patient are:-Spinal Stenosis, Lumb. w/Neurgen Claud-Thoracic/Lumbosacral Neuritis Unsp-Intervert Disc Deg w/MyelopathyThe utilization review being challenged is dated 9/26/14. Both were non-certed; as Zofran "is not recommended for opioid induced nausea" and "there is no history of GI events and the patient does not fit the guideline identification for being at risk for a GI event." The request is for Zofran 4mg #90 and Prilosec 20mg #60. The requesting provider is [REDACTED] and he has provided various progress reports from 5/22/14 to 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #90: 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), Antiemetics (for opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ondansetron (Zofran)

Decision rationale: This patient "wakes up with nausea and HA going on for two months." The treater requests ZOFRAN 4MG #90. While CA MTUS is silent, the Official Disability Guidelines (ODG) - Pain Chapter, states that Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use and acute use is FDA-approved for gastroenteritis. This patient was started on Zofran for nausea on 5/22/14. There is no documentation of nausea or vomiting secondary to chemotherapy or radiation treatment, nor of any recent operations that would warrant use of Zofran. Furthermore, the lack of documentation of vomiting or the frequency of symptoms beyond this patient's report of "nausea for two months" does not indicate acute use of Zofran as a medical necessity. Recommendation is for denial.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, GI Symptoms & Cardiovascular Risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic use with NSAIDs, PPI's Page(s): 69.

Decision rationale: This patient presents with worsening pain in the knees, which puts "pressure on back." The treater requests PRILOSEC 20MG #60. Regarding PPI's, MTUS page 69, supports prophylactic use with NSAIDs for age >65, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and or/an anticoagulants; or high dose/multiple NSAIDs. The treater has prescribed this medication for prophylactic use, in conjunction with Naproxen, but there is no discussion regarding GI assessment or risk assessment as required by MTUS. Furthermore, review of submitted records show do not provide documentation of GI issues or diagnoses such as GERD, gastritis or other issues that require the ongoing use of this medication. Recommendation is for denial.