

Case Number:	CM14-0092152		
Date Assigned:	09/12/2014	Date of Injury:	01/18/2011
Decision Date:	10/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 45-year-old male who reported an injury on 01/18/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included anxiety, depression, sciatica, lumbosacral spondylosis without myelopathy, degeneration of the lumbar/lumbosacral intervertebral disc, muscle spasms, lumbago. Previous treatments included medication, physical therapy, and MRI of the lumbar spine. Within the clinical note dated 05/20/2014, it was reported the injured worker complained of pain in the left lower extremity. On the physical examination, the provider noted the injured worker had tenderness to palpation of the midline low back and left sacroiliac joint. The provider noted the injured worker had 50% of normal of the range of motion. Within the documentation the provider noted the injured worker had a left leg tremor at rest. Provider requested omeprazole, ondansetron, and oxycodone. However, a rationale was submitted for clinical review. The Request for Authorization was submitted on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg daily #30 +2 refills (prescribed 5-6-14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Pain Chapter: Antiemetics (for opioid nausea)

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

Decision rationale: The California MTUS Guidelines note proton pump inhibitors, such as omeprazole, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65; history of peptic ulcer, GI bleeding, or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID use includes stopping the NSAID, switching to a different NSAID, adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, there is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the retrospective request for Omeprazole 20mg daily #30, 2 refills (prescribed 5-6-14) is not medically necessary and appropriate.

Ondansetron 8mg daily as needed #30 no refills (prescribed 5-6-14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) 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, Zofran.

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, there is lack of documentation indicating the injured worker had nausea and vomiting secondary to chronic opioid use. Therefore, the request for Ondansetron 8mg daily as needed #30 no refills (prescribed 5-6-14) is not medically necessary and appropriate.

Oxycodone HCL 20mg every 4 hours as needed #180 (prescribed 5-6-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document

an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the retrospective request for Oxycodone HCl 20 mg every 4 hours as needed #180 prescribed on 05/06/2014 is not medically necessary.