

Case Number:	CM14-0092189		
Date Assigned:	07/25/2014	Date of Injury:	10/18/2004
Decision Date:	09/10/2014	UR Denial Date:	05/28/2014
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 Physical Medicine and Rehabilitation 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 injured worker is a 62-year-old male who reported an injury on 10/18/2004. The injured worker's diagnosis was noted to be cervicalgia. Prior treatment was noted to be chiropractic care, physiotherapy, and medications. The injured worker's subjective complaints were noted to be pain in the neck which radiated to the shoulders, hands and fingers. He stated constant low backache with numbness and tingling down to his legs and feet. The clinical documentation is a psychiatric clinical evaluation. There were no objective physical exam findings to provide with this review. The provider's rationale for the request was not within the documentation submitted for review. A Request for Authorization Form was provided with this documentation submitted for review.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for injured workers with use of NSAIDS that have an intermediate or high risk for gastrointestinal events. The documentation submitted does not indicate symptoms of gastrointestinal events or cardiovascular risks. In addition, the provider's request fails to indicate a dosage/frequency. Therefore, the request for Omeprazole 20 mg 120 quantity is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines do not recommend ondansetron or Zofran for nausea and vomiting secondary to chronic opioid use. This is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use. In addition, the FDA approved antiemetics for acute phases of gastroenteritis. The documentation submitted for review is limited, it is a psychiatric evaluation. It is not noted that the injured worker fits the criteria for antiemetic use according to the guidelines. In addition, the provider's request fails to indicate a dosage/frequency. As such, the request for Ondansetron 8 mg quantity 30 is not medically necessary.