

<b>Case Number:</b>	CM14-0138711		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/11/2003
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male who sustained an industrial injury on November 11, 2003. He has reported right shoulder pain and right knee pain and has been diagnosed with right knee degenerative joint disease, right knee meniscus tear, status post right knee arthroscopy, right shoulder bursitis/impingement, right shoulder AC arthrosis, and status post right shoulder surgery x 2. Treatment has included medical imaging, surgery, physical therapy, chiropractic care, injections, and medications. The right shoulder noted tenderness to palpation on the AC joint, subacromial bursa, and supraspinatus tendon. There was pain with range of motion. The right knee revealed tenderness to palpation on the medial and lateral joint lines. There was pain and crepitus with range of motion. The treatment request included Omeprazole 20 mg and Zofran 4 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 One Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #60 with one refill is not medically necessary and appropriate.

**Zofran 4mg #15 One Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghousing.

**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; Antiemetics (for opioid nausea), page 773.

**Decision rationale:** The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT<sub>3</sub> receptor antagonist FDA-approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS-ACOEM Guidelines, McKesson InterQual Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use. The Zofran 4mg #15 One Refill is not medically necessary and appropriate.