

Case Number:	CM14-0211839		
Date Assigned:	12/24/2014	Date of Injury:	07/13/1999
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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 & Rehabn, Pain Management

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 57 year-old male with an original date of injury on 7/13/1999. The patient suffered work related injuries while working at a shipping and packing company. The mechanism of injury is unknown. The industrially related diagnoses are lumbar post-laminectomy syndrome, failed back syndrome, spinal cord stimulator implantation, cervical myoligamentous injury with bilateral upper extremity radiculopathy, right shoulder internal derangement status post arthroscopic surgery, TMJ syndrome, reactive depression and anxiety, and gastritis with chronic nausea. A electromyogram study on 6/11/2013 showed C6 and C7 radiculopathy, bilateral carpal tunnel syndrome, ulnar neuropathy, and right L5 radiculopathy. The patient has undergone 15 years of treatment with lumbar laminectomy, right shoulder arthroscopy, epidural steroid injections, knee injections, medications, physical therapy, botox injections, trigger finger injections, spinal cord stimulator, and other modalities. The patient was taking Norco, tramadol, Prilosec, Zofran, Anaprox, and Lidopro. Prilosec was prescribed due to high risk of gastrointestinal side effects relating to age, NSAIDs use, alcohol consumption, and smoking. Zofran was used to treat medication-induced nausea. The disputed issues are the request for Anaprox 550mg quantity 60 tablets, Prilosec 20mg quantity 120 tablets, and Zofran 8mg quantity 20 tablets. A utilization review dated 12/10/2014 has non-certified these requests. With regards to the request for Anaprox, there was no documentation clinical efficacy with prior use as demonstrated by improved VAS pain score and significant improved tolerance to specific activities that is measured and compared with and without Anaprox to warrant ongoing use of this medication. Therefore, this medication was non-certified. With regards to the request for

Prilosec, while the documentation submitted did indicate NSAIDs induced gastritis, there was no documentation of current certification use of NSAID or compelling rationale for medical need of a proton pump inhibitor. Therefore, this request is not medically necessary. With regards to the request for Zofran, the utilization review states that the guidelines recommends against use for nausea and vomiting secondary to chronic opioid use, they recommend Zofran is indicated for treatment of nausea and vomiting related to chemotherapy, radiation, and posterior-op use, as well as for acute gastroenteritis. Within the submitted documentation, there is no documentation of opioid induced nausea, gastroenteritis, recent surgery, chemotherapy or radiation. Therefore, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DX 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. On 11/17/2014, a progress note indicated the patient continue to have 10/10 intensity in pain despite using current medication regimen. Furthermore, the patient has documented gastritis associated with oral NSAID use. As such, the currently requested Naproxen is not medically necessary.

Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22, 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient has complaints of gastritis secondary to NSAID use, a risk for gastrointestinal events with NSAID use. However, because the NSAID medication is not approved due to lack of improvement in pain and function, the currently requested omeprazole (Prilosec) is also not medically necessary.

Zofran ODT 8mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22, 67.

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

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.