

Case Number:	CM14-0218604		
Date Assigned:	01/08/2015	Date of Injury:	08/04/2014
Decision Date:	03/06/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 31 year old female who sustained an industrial injury on 08/08/2014. She has reported pain to her left upper back. The diagnoses have included sprain/strain of shoulder and upper arm. Treatment to date has included steroid injection, physical therapy, and medications. Currently, the IW complains of pain to left upper back. The treating physician stated the injured worker reported continued pain to posterior left shoulder, awaiting authorization for orthopedics, and x-rays appear normal. On 12/10/2014, the injured worker submitted an application for IMR for review of Omeprazole 20mg 1 tab po (by mouth) 12 hours prn (as needed) #129, Ondansetron 8mg ODT 1 tab prn no more than 2 days #30, and Fenopropfen Calcium (Nalfon) 400mg 1 pill TID (three times daily) #120. On 12/16/2014, Utilization Review non-certified the above request noting there is no documentation of significant change in VAS score, pain relief, or objective improvement in function noted to warrant the continued use of the requested medications. The long term use of NSAIDS is not without significant cardiovascular, GI, and renal risks. Guidelines do not support Ondansetron for nausea and vomiting secondary to chronic opioid use. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tablet by mouth 12 hours as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,68.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no history found in the documents provided to suggest she was at an elevated risk for gastrointestinal events. Also, considering chronic NSAID use is also not considered medically necessary or reasonable considering her diagnosis, there is even less reason to continue omeprazole on a chronic basis as it carries with it risks associated with prolonged use. Therefore, the omeprazole is not medically necessary.

Ondansetron 8 Mg ODT 1 tablet as needed no more than 2 Days #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, anti-emetic use for opioid-related nausea, Zofran

Decision rationale: The MTUS is silent on the use of Zofran. The ODG states that ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use and is only approved for use in chemo-therapy induced pain or malignancy-induced pain. Antiemetics in general, as also stated in the ODG, are not recommended for nausea related to chronic opioid use, but may be used for acute short-term use (less than 4 weeks) as they have limited application for long term use. Nausea tends to diminish over time with chronic opioid use, but if nausea remains prolonged, other etiologies for the nausea must be evaluated for. Also there is no high quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. In the case of this worker, it was reported that ondansetron was used to help treat nausea related to headaches/neck pain. There was insufficient reporting to suggest this medication was helpful for this. Regardless, ondansetron is not considered a recommended medication for nausea related to sprains/strains or headaches, and therefore, will be considered medically unnecessary to continue.

Fenoprofen Calcium (Nalfon) 400mg 1 pill 3 times a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fenoprofen (Nalfon, generic available) Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was chronic NSAID use (including naproxen and fenoprofen) with very limited evidence to suggest any long-term functional gains or pain reduction with their use. And considering the long-term risks associated with their use, continuation of fenoprofen is not reasonable or medically necessary.