

<b>Case Number:</b>	CM15-0113040		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/28/1988
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Texas, California  
 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:

This is a 52 year old female patient who sustained an industrial injury on 3/28/88. She subsequently reported back and knee pain. Diagnoses include internal derangement of knee and lumbago. Per the doctor's note dated 4/30/15, she had complaints of low back pain with radiation to the lower extremities; bilateral knee pain. The physical examination revealed tenderness to palpation in the knee joint line with positive patellar grind and McMurray's, pain and crepitus with knee range of motion; tingling and numbness in the L5-S1 dermatome with normal motor testing and ankle reflexes asymmetrical; the lumbar paravertebral muscles, tender to palpation with spasm and a positive seated nerve root test, guarded and limited lumbar range of motion. The medications list includes prevacid, ondansetron, cyclobenzaprine, tramadol and nalfon. She has had lumbar MRI and bilateral hips MRI on 3/4/2015. She has had injections, physical therapy and prescription pain medications for this injury. A request for 120 Lansoprazole 30mg and 30 Ondansetron 8mg was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Lansoprazole 30mg: Upheld**

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

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

**Decision rationale:** 120 Lansoprazole 30mg, Lansoprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of 120 Lansoprazole 30mg is not medically necessary for this patient.

**30 Ondansetron 8mg: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Ondansetron (Zofran) Antiemetics (for opioid nausea).

**Decision rationale:** 30 Ondansetron 8mg, Ondansetron is 5-HT<sub>3</sub> receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore, ODG was used. According to the ODG guidelines: Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. A detailed history related to nausea or vomiting is not specified in the records provided. Any evidence of chemotherapy and radiation treatment is not specified in the records provided. Evidence of recent surgery is not specified in the records provided. A recent detailed gastrointestinal examination is not specified in the records provided. The medical necessity of 30 Ondansetron 8mg is not medically necessary for this patient.