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| Case Number: | CM15-0115549 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 07/12/2007 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 64 year old female, who sustained an industrial injury on 7/12/07. The diagnoses have included contusion left foot, status post cervical spine surgery, neuropathy upper extremities, lumbar degenerative disc disease (DDD), left lower extremity (LLE) radiculitis, Complex regional pain syndrome (CRPS), depression and right shoulder tendinitis. Treatment to date has included medications, activity modifications, diagnostics, pain management, surgery, physical therapy, epidural steroid injection (ESI), and other modalities. The diagnostic testing that was performed included x-ray of the left ankle dated 10/10/14 reveals ossification. The x-ray of the right foot dated 5/8/15, reveals tiny plantar and Achilles calcaneal spurs. Currently, as per the physician progress note dated 5/8/15, the injured worker recently fell down secondary to her back pain and leg pain and injured her left foot. She had severe pain in the left foot and difficulty walking secondary to pain. The objective findings of the cervical spine reveal tenderness and tingling in the fingers. The lumbar exam reveals tenderness, spasm, unable to walk on toes and heels secondary to pain, decreased lumbar range of motion, positive straight leg raise left lower extremity (LLE) and decreased sensation of the left lower extremity (LLE). The right shoulder reveals tenderness, and decreased range of motion. The left ankle/foot exam reveals positive tenderness over the dorsal aspect of the mid foot. The urine drug screen dated 6/13/14 and 7/2/14 was consistent with the prescribed medications. The physician requested treatment included Omeprazole 20 mg quantity of 60, Ondansetron 4 mg quantity of 60 and Physical Therapy, Left Foot, quantity of 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

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 no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Ondansetron 4 mg Qty 60: Upheld

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

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

Decision rationale: Regarding the request for ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that anti-emetics 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. In the absence of clarity regarding those issues, the currently requested ondansetron (Zofran) is not medically necessary.

Physical Therapy, Left Foot, Qty 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional improvement measures Page(s): 98-99; 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is noted that the patient has some foot pain with difficulty ambulating. While a short course of PT may be appropriate, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.