

Case Number:	CM15-0115911		
Date Assigned:	06/24/2015	Date of Injury:	09/13/2011
Decision Date:	07/23/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 53-year-old male who sustained an industrial injury on 9/13/11. Injury occurred when he fell getting out of his truck and sustained a fracture of his left hand. Past medical history was positive for hypertension, long-term use of non-steroidal anti-inflammatory drug (NSAIDs), and NSAID-induced gastritis. The 4/24/15 treating physician report cited an exacerbation of his chronic left elbow pain, especially over the lateral epicondyle. Pain was reported constant, moderate to severe. He reported difficulty lifting with the left arm. Medications and rest provided some relief. Current medications included diclofenac, omeprazole, and tramadol. Left elbow exam documented tenderness over the lateral epicondyle, and pain with resisted wrist flexion and long finger extension. Left wrist exam documented limited range of motion, positive Tinel's and Phalen's tests, positive median nerve compression test, snuff box tenderness, and positive clicking. The diagnosis was chronic recalcitrant left lateral epicondylitis, rule-out left wrist internal derangement, left wrist contracture, rule-out left carpal tunnel syndrome, and left wrist tendinitis. Authorization was requested for left elbow lateral fasciectomy for his intractable pain and failure to improve with conservative care. Authorization was also requested for medication including diclofenac XR 100 mg #60, omeprazole 20 mg #30, and Ondansetron 4 mg #30 to counter effect nausea from NSAIDs. The 5/28/15 utilization review certified requests for left elbow lateral fasciectomy and diclofenac 10 mg #60. The request for omeprazole 20 mg #30 was non-certified as there was no documentation of subjective complaints or health history for which this medication would be medically

necessary. The request for Ondansetron 4 mg #30 was non-certified as there was no evidence-based support for the use of this medication as outlined by the treating provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg Qty 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for patients at risk for gastrointestinal events and for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria have been met. Records documented long-term use of NSAIDs by this injured worker with gastritis symptoms controlled by omeprazole. The continuation of diclofenac has been certified. Therefore, this request is medically necessary.

Ondanestron 4 mg Qty 30: 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 - Antiemetics (for opioid nausea).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Antiemetics (for opioid nausea); Ondansetron (Zofrani).

Decision rationale: The California MTUS guidelines do not provide specific recommendations for Ondansetron (Zofran) but state that the treatment of dyspepsia secondary to NSAID therapy, should include stopping the NSAID, switching to a different NSAID, or considering an H2-receptor antagonist or a PPI. The Official Disability Guidelines state that Ondansetron is a serotonin 5-HT₃ receptor antagonist that is FDA-approved for nausea and vomiting secondary to chemotherapy, radiation therapy, acute gastroenteritis, and for post-operative use. Guideline criteria have not been met. The treating physician stated this medication was being prescribed for nausea secondary to NSAID use. This injured worker has a history of NSAID-induced gastritis for which omeprazole has been prescribed and reported as effective. There is no current documentation of subjective complaints relative to nausea with NSAID use. Therefore, this request is not medically necessary.

