

<b>Case Number:</b>	CM15-0118716		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 41 year old male, who sustained an industrial injury on 8/26/13. The injured worker was diagnosed as having lumbago with radicular symptoms. Treatment to date has included physical therapy and an epidural injection. Pain on 4/7/15 was rated as 7/10. Medications are office dispensed. The prefilled form letter that accompanies dispensed medications states that the Ondansetron is for headaches associated with cervical pain. No cervical pain is documented in the records. Currently, the injured worker complains of low back pain with radiation to the lower extremities. The treating physician requested authorization for Lansoprazole DR 30mg #120, Ondansetron 8mg #30, and Cyclobenzaprine Hydrochloride 7.5mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lansoprazole (Prevacid) DR Capsules 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Proton Pump Inhibitors.

**Decision rationale:** MTUS Guidelines do not recommend the routine use of proton pump inhibitors (Prevacid) without clear medical justification for their use. The Guidelines recommend that specific risk factors or symptoms be present to justify the risk of their use. These qualifying medical conditions are not present in this patient. These are no benign medications with long term use associated with increased fractures, biological mineral dysregulation and recent evidences is implicating them with increased cardiovascular risk. Under these circumstances, the Lansoprazole (Prevacid) DR Capsules 30mg #120 is not supported by Guidelines and is not medically necessary.

**Ondansetron 8mg #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 (Zofran).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ondansetron.html](http://www.drugs.com/ondansetron.html).

**Decision rationale:** MTUS Guidelines do not address this issue. Ondansetron is a potent antiemetic that has FDA approval for nausea associated with post operative use, cancer treatment and acute gastroenteritis. The stated rational for use is due to headaches from cervical pain. Headaches are not an indicated use and this individual does not have cervical pain. There are no unusual circumstances to justify a deviation from FDA recommendations. The Ondansetron 8mg #30 is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that the daily use of Cyclobenzaprine be limited to 3 weeks or less. If it is/was highly effective longer term occasional use for distinct flare-ups would be supported by Guidelines. However, there is no objective documented evidence that this medication has been highly effective and it is being dispensed to use on a daily on a chronic basis far exceeding 3 weeks. Under these circumstances, the Cyclobenzaprine Hydrochloride 7.5mg #120 is not supported by Guidelines and is not medically necessary.