

Case Number:	CM15-0119345		
Date Assigned:	06/29/2015	Date of Injury:	08/25/2010
Decision Date:	07/29/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: Internal 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 58 year old female, who sustained an industrial injury on 8/25/10. The injured worker was diagnosed as having cervical facet arthropathy, cervical radiculopathy, lumbar radiculopathy, right carpal tunnel syndrome, L4-5 annular tear, and C4-5 versus C6-7 annular tear. Treatment to date has included medication. On 5/11/15, pain was rated as 7/10 with medication and 9/10 without medication. The injured worker underwent an esophagogastroduodenoscopy on 2/17/15 that revealed chronic gastroesophageal reflux disease and atrophic gastritis. Currently, the injured worker complains of pain in the neck that radiates down bilateral upper extremities, low back pain that radiates down the right lower extremity, and right wrist pain. The treating physician requested authorization for Relafen 750mg #120 and Ondansetron 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain section Page(s): 68, 69, 72.

Decision rationale: Relafen is a non-selective non-steroidal that is indicated for the treatment of osteoarthritis and rheumatoid arthritis in the lowest dose possible. It poses a risk to the heart and can cause MI or CVA. In addition, it increases the risk of GI side effects such as peptic ulcer disease, GI bleed or stomach or intestinal perforation. The MTUS states that if the patient is greater than 65 years old, has a history of PUD, GI bleed or perforation or uses ASA or steroids or anticoagulants he is at increased risk of GI problems with NSAID's and if non selective NSAID's such as Relafen is used then a PPI or Cytotec should be utilized concomitantly. However, if the risk of GI side effects is high then a COX 2 such as Celebrex should be used with a PPI to protect the GI mucosa. It is also noted that if the patient has cardiac disease then Tylenol or ASA are preferred and that Opioids are another option for treatment. If an NSAID needs to be used then Naprosyn is probably the safest and it should be given with aspirin. It is noted that NSAID's can elevate BP, cause edema and CHF and that these meds are contradicted in a patient with renal insufficiency, CHF, or volume excess states such as cirrhosis. Relafen can cause severe toxicity and should be used judiciously. If this patient needs chronic NSAID treatment for pain then Naprosyn would be a better agent to utilize according to the most recent consensus. Therefore, the UR was justified in its denial of the use of Relafen. The request 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 9719 and version 156.0.

Decision rationale: Zofran or Ondanestron is a 5HT3 receptor agonist and is used for nausea and emesis caused by chemotherapy, radiation therapy, and post op treatment. It is also used off label for hyperemesis gravidarum. It is usually well tolerated, but can cause such side effects as headache, fatigue, constipation, dizziness, and anxiety. The above patient was not noted to have any nausea or emesis with her treatments. In addition, she did not have any of the above-accepted indications for the use of Zofran. Therefore, the UR was justified in its refusal to authorize the use of this agent. The request is not medically necessary.