

Case Number:	CM15-0121360		
Date Assigned:	07/02/2015	Date of Injury:	04/17/2014
Decision Date:	09/03/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 31 year old male who sustained an industrial injury on 04/17/2014. Current diagnoses include low back pain, herniated disc lumbar spine, left shoulder impingement syndrome, cervical strain, rule out disc herniation cervical spine, and radiculitis upper and lower extremities. Previous treatments included medications, functional capacity evaluation, physical therapy, TENS unit, massage, chiropractic therapy, acupuncture, and shockwave therapy. Initial injuries occurred to the neck, left shoulder, and back after moving 500 pound chemical drums. Report dated 05/12/2015 noted that the injured worker presented with complaints that included moderate to severe pain in the neck, back, and left shoulder. The injured worker noted some improvement in pain with medications and rest. Pain level was not included. Physical examination was positive for tenderness in the paracervical musculature, decreased range of motion in the cervical spine with pain, painful range of motion in the lumbar spine, and decreased range of motion in the shoulder. The treatment plan included request for a pain management consultation, prescribed diclofenac for inflammation, omeprazole for gastrointestinal prophylaxis, ondansetron to counter effect nausea from non-steroidal anti-inflammatory drugs (NSAIDs), and follow up in one month. The physician documented that the prescribed medications give some functional improvement and pain relief. The injured worker is permanent & stationary. Submitted documentation supports that the injured worker has been seen by a pain management specialist on 10/02/2014, 10/30/2014, and 12/03/2014. Disputed treatments include omeprazole 20 mg Qty 60, ondanestron 4 mg Qty 30, and pain management consultation.

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 and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for prescribing proton pump inhibitors (PPI). PPI's are recommended when patients are identified to have certain risks with the use of non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAIDs. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. The documentation provided did not indicate that the injured worker had gastrointestinal complaints. Therefore the request for Omeprazole is not 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: Ondanestron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ondanestron (Zofran).

Decision rationale: The ODG indicates that Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. The medical records submitted for review did not include any complaints of nausea and vomiting with use of the current medication regimen. Therefore the request for Ondanestron is not medically necessary.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. Occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. The documentation supports that the injured worker has seen a pain management specialist on 3 separate dates. There has been no change or worsening of prior complaints or red flags such as physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Therefore the request for pain management consultation is not medically necessary.