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| Case Number: | CM15-0124505 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 04/27/2014 |
| Decision Date: | 09/28/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: 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 47 year old female, who sustained an industrial injury on 04/27/2014. She has reported subsequent left foot and ankle pain and was diagnosed with traumatic left ankle strain/sprain with tear of the anterolateral ligament, ganglion cyst and peroneus tendon splinting and status post left ankle excision of lipoma and repair of the lateral collateral ligaments. Treatment to date has included pain medication, surgery, physical therapy and a home exercise program. In a doctor's first report of illness of injury dated 05/26/2015, the injured worker complained of left foot and left ankle pain. Objective findings were notable for left foot and ankle pain. The most recent note lists the injured worker as being able to perform usual work with restrictions. No further information regarding work status was provided. A request for authorization of Nabumetone (Relafen) 750 mg 1 pill 3 times a day for inflammatory pain #120, Lansoprazole (Prevacid) delayed-release 30 mg 1 capsule by mouth every 12 hours as needed #120 and Ondansetron 8 mg ODT 1 tablet as needed no more than 2/day #30 was submitted. The physician noted that Nabumetone was being prescribed for inflammation and pain, Lansoprazole was being prescribed in conjunction with Nalfon to protect the stomach and prevent gastrointestinal (GI) complications and Ondansetron was being requested for nausea associated with headaches that were present with chronic cervical spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg 1 pill 3 times a day for inflammatory pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The recommended starting dose for Nabumetone is 1000 mg by mouth and can be divided into 500 mg by mouth twice a day. Use of this medication for moderate pain is off-label. The requested dosage and frequency exceeds the recommended guidelines with no documentation of extenuating circumstances to support the increased dosage. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Nabumetone (Relafen) 750mg 1 pill 3 times a day for inflammatory pain #120 is not medically necessary.

Lansoprazole (Prevacid) Delayed-Release 30mg 1 capsule by mouth every 12 hours as needed #120: Upheld

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

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 (Chronic) chapter, Proton-Pump Inhibitors.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Lansoprazole. The request for Lansoprazole (Prevacid) Delayed-Release 30mg 1 capsule by mouth every 12 hours as needed #120 is not medically necessary per MTUS guidelines.

Ondansetron 8mg ODT 1 tablet as needed no more than 2/day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Anti-emetics (for opioid nausea).

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

Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Ondansetron. The request for Ondansetron 8mg ODT 1 tablet as needed no more than 2/day #30 is not medically necessary per guidelines.