

<b>Case Number:</b>	CM15-0129383		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 34 year old male, who sustained an industrial injury on 10/24/2012. He has reported injury to the head, neck, mid back, and low back. The diagnoses have included post- concussive headache; tension headache; sprains and strains of neck; cervicocranial syndrome; intervertebral disc disorder with myelopathy; sprain/strain thoracic region; lumbosacral or sacroiliac pain; and sprain/strain lumbar region. Treatment to date has included medications, diagnostics, chiropractic therapy, functional restoration program, and home exercise program. Medications have included Imitrex, Propranolol, Nortriptyline, Lidoderm Patch, Butrans Patch, Protonix, and Zofran. A progress report from the treating physician, dated 05/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of frequent headaches, occurring almost daily and has nausea on most days, occurring approximately 75% of the days; he still has frequent phonophobia/photophobia as well; his pain is currently rated 6/10 on the visual analog scale on average; he continues to sleep poorly; he still has occasional shooting pain down both legs and hips; the chiropractic sessions have been very helpful in providing at least temporary decreases in neck, mid-back , and lower back pain and reports improved sleep when he receives the chiropractic treatments; he does perform regular home exercise program with exercises learned in the functional restoration program; he still has gastrointestinal discomfort due to medication usage; Propranolol has helped with his headaches; the headaches cause significant nausea, especially with his migraine headaches; and he does receive benefit from the Zofran. Objective findings included appears anxious and depressed; there was mild limitation on cervical flexion and extension; tenderness over the bilateral trapezii

and thoracic paraspinal muscles bilaterally; tenderness to palpation of the lumbar paraspinal muscles with limitation of lumbar flexion and lateral tilt to both the left and the right; and his gait was grossly non-antalgic. The treatment plan has included the request for Ondansetron-Zofran 4mg #10; and Pantoprazole-Protonix 20mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Ondansetron-Zofran 4mg #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as promethazine or Compazine. For these reasons, the request is not medically necessary.

#### **Pantoprazole-Protonix 20mg #60: Upheld**

**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 NSAID Page(s): 68-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if

absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.