

Case Number:	CM15-0172388		
Date Assigned:	09/18/2015	Date of Injury:	12/10/2008
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37-year-old female, who sustained an industrial injury on 12-10-2008. The injured worker is being treated for lumbar sic herniation, status post lumbar surgery with continued severe pain, possible painful hardware, myofascitis, sacroiliitis, situational reactive depression and anxiety, cervicogenic headaches, inability to perform activities of daily living (ADLs) secondary to above, and high dose narcotic therapy and adjuvants. Treatment to date has included surgical intervention (spinal fusion undated), diagnostics, medications, spinal cord stimulator implantation and removal, and epidural steroid injections. Medications as of 8- 04-2015 included Cymbalta, Klonopin, Topamax, Oxycodone, Trazodone, Prilosec, Zofran and Omeprazole. Per the Primary Treating Physician's Progress Report dated 8-04-2015, the injured worker presented for medication refill. She reported that her pain is manageable and does not require trigger point injections today, however, her pain is elevated (5-6 out of 10). Her pain level has decreased from 10 out of 10 while she was on Methadone. Objective findings of the cervical spine included normal cervical spine curvature with marked decreased range of motion upon flexion and extension. There was severe tenderness down the posterior columns into the trapezius and mild myofascitis in the trapezius muscles as well as the scapula. Lumbar spine exam revealed guarding with range of motion and increased muscle spasm, otherwise "unchanged." There was decreased range of motion secondary to pain and moderate to severe tenderness diffusely for the high lumbar area down to the sacrum. A trigger point intramuscular injection of Demerol and Phenergan was administered. The plan of care included continuation of medications and authorization was requested for Prilosec 20mg, Zofran 8mg, Omeprazole 20mg,

Cymbalta 60mg, Oxycontin 10mg, Oxycodone 10mg, and Trazodone 50mg. Per the medical records dated 10-29-2014, she reported 10 out of 10 pains, and per the medical records dated 6-10-2015, she reported 9 out of 10 pain thoracic spine pain. On 8-25-2015, Utilization Review non-certified the request for Prilosec 20mg, Zofran 8mg and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg qty:60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for chronic neck and low back pain with a history of lumbar spine surgery and treatments including a spinal cord stimulator. When seen, she was having escalating symptoms in the low back and legs. Medications were providing pain relief. Physical examination findings included decreased cervical and lumbar spine range of motion. There was severe cervical and trapezius muscle tenderness. There was lumbar pain with minimal extension. There was pain over the sacroiliac joints and positive facet loading. Left straight leg raising was positive. She had lower extremity edema. Trigger point injections were performed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Additionally, Omeprazole, which is the generic name for Prilosec is also being, requested which is duplicative. The request is not appropriate or medically necessary.

Zofran 8mg qty:30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ondansetron (Zofran).

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), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for chronic neck and low back pain with a history of lumbar spine surgery and treatments including a spinal cord stimulator. When seen, she was having escalating symptoms in the low back and legs. Medications were providing pain relief. Physical examination findings included decreased cervical and lumbar spine range of motion. There was severe cervical and trapezius muscle tenderness. There was lumbar pain with minimal extension. There was pain over the

sacroiliac joints and positive facet loading. Left straight leg raising was positive. She had lower extremity edema. Trigger point injections were performed. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. Ondansetron is not recommended for the treatment of opioid induced nausea. The use of this medication was not medically necessary.

Omeprazole 20mg qty:60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in December 2008 and continues to be treated for chronic neck and low back pain with a history of lumbar spine surgery and treatments including a spinal cord stimulator. When seen, she was having escalating symptoms in the low back and legs. Medications were providing pain relief. Physical examination findings included decreased cervical and lumbar spine range of motion. There was severe cervical and trapezius muscle tenderness. There was lumbar pain with minimal extension. There was pain over the sacroiliac joints and positive facet loading. Left straight leg raising was positive. She had lower extremity edema. Trigger point injections were performed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Additionally, Prilosec which is a brand of Omeprazole is also being requested which is duplicative. The request is not appropriate or medically necessary.