

Case Number:	CM15-0025592		
Date Assigned:	02/18/2015	Date of Injury:	11/02/2007
Decision Date:	04/02/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/10/2015

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: Physical Medicine & Rehabilitation

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 52-year-old male, who sustained an industrial injury on 11/02/2007. On provider visit dated 12/04/2014 the injured worker has reported low back pain, insomnia, popping and crackling in back, moderate nausea and gastrointestinal upset. The diagnoses have included chronic pain, lumbar facet arthropathy and chronic nausea/vomiting. Treatment to date included MRI's, trigger point injections and medications. On 01/19/2015 Utilization Review non-certified IM/GI evaluation for chronic nausea and weight loss and Ondansetron 4mg #60. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

IM/GI evaluation for chronic nausea and weight loss: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: Per the 12/31/14 report the patient presents with lower back pain with associated constant numbness in the bilateral lower extremities to the feet along with popping and cracking in the back as well as medication associated GI upset and moderate nausea. There is general weight loss of 10 pounds in the past month due to poor appetite and nausea. Listed diagnoses include chronic nausea and vomiting. The current request is for IM/GI evaluation for chronic nausea and weight loss. The RFA is not included. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 states, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." The pain medicine reports provided show GI problems for this patient since at least August 2014 and mild nausea that has progressed to moderate nausea and vomiting. Initially this was followed by the primary treating physician; however, the requested expertise afforded by an internal medicine specialist is reasonable and may help the physician with an appropriate course of care. The request IS medically necessary.

Ondansetron 4mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Antiemetics.

Decision rationale: Per the 12/31/14 report the patient presents with lower back pain with associated constant numbness in the bilateral lower extremities to the feet along with popping and cracking in the back as well as medication associated GI upset and moderate nausea. There is general weight loss of 10 pounds in the past month due to poor appetite and nausea. Listed diagnoses include chronic nausea and vomiting. The current request is for ONDANSETRON 4mg #60. The RFA is not included. The patient is not working. ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The reports provided state the medication is for nausea and has been prescribed since at least 10/16/14. Guidelines state the medication is FDA approved for acute use for nausea and vomiting due to chemotherapy and radiation treatment and postoperative use. There is no evidence in the reports provided for review that this patient is receiving these treatments or is in a post-operative situation. Therefore, the request IS NOT medically necessary.