

Case Number:	CM15-0028294		
Date Assigned:	02/20/2015	Date of Injury:	11/17/1980
Decision Date:	04/02/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/13/2015

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: Emergency 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 was a 58 year old male, who sustained an industrial injury, November 17, 1980. According to progress note of December 3, 2014, the injured workers chief complaint was lower back, neck with occasional numbness in the legs. The physical exam noted tremors in the upper extremities and muscle cramps in the right leg. Reflexes were 1+ of 4 in both upper and lower extremities. Sensation was intact over both upper extremities, but, decreased sensation to vibration to the toes. The injured worker was diagnosed with lumbar radiculopathy, lower back pain lumbar disc disease, lumbar spine radiculopathy, anxiety, L5, S1 radiculopathy and insomnia. The injured worker previously received the following treatments toxicology laboratory studies, epidural injection under fluoroscopy to L4 nerve roots midline from L4-L5, EMG/NCS (electromyography and nerve conduction studies), physical therapy, sleep study, KRI of the lumbar spine and MRI of the cervical spine. January 5, 2015, the primary treating physician requested authorization for prescriptions for Naproxen 550mg #60 and Ondansetron 4mg #30. On January 17, 2015, the Utilization Review denied authorization for prescriptions for Naproxen 550mg #60 and Ondansetron 4mg #30. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 550mg #60 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has pain to the lower back, neck with occasional numbness in the legs. The physical exam noted tremors in the upper extremities and muscle cramps in the right leg. Reflexes were 1+ of 4 in both upper and lower extremities. Sensation was intact over both upper extremities, but, decreased sensation to vibration to the toes. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg #60 is not medically necessary.

Ondansetron 4mg 330: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Ondansetron (Zofran).

Decision rationale: The requested Ondansetron 4mg #30 is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Ondansetron (Zofran), note Not recommended for nausea and vomiting secondary to chronic opioid use. The injured worker has pain to the lower back, neck with occasional numbness in the legs. The physical exam noted tremors in the upper extremities and muscle cramps in the right leg. Reflexes were 1+ of 4 in both upper and lower extremities. Sensation was intact over both upper extremities, but, decreased sensation to vibration to the toes. The treating physician has not documented symptoms of nausea and vomiting, duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Ondansetron 4mg #30 is not medically necessary.