

Case Number:	CM15-0063050		
Date Assigned:	04/08/2015	Date of Injury:	01/20/1975
Decision Date:	05/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Arizona, California
 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 63 year old male with an industrial injury dated January 20, 1975. The injured worker diagnoses include cervical discopathy, carpal tunnel/cubital tunnel/ double crush syndrome, lumbar discopathy with radiculitis, status post right shoulder surgery, left shoulder degenerative joint disease, impingement syndrome, internal derangement of bilateral knee with degenerative joint disease, and status post right knee arthroscopic surgery x2. He has been treated with diagnostic studies, prescribed medications, intra-articular injection of right knee on 2/16/2015 and periodic follow up visits. According to the progress note dated 2/16/2015, the injured worker reported constant cervical spine pain with radiation into upper extremities with associated headaches. The injured worker also reported constant pain in the low back and right knee, intermittent pain in the bilateral shoulder, right elbow, bilateral wrist and hands. Objective findings revealed tenderness and spasm in the cervical and lumbar spine. Tenderness was also noted in the bilateral shoulders, volar aspect of the wrist, right thumb, and joint line of the knee. The treating physician prescribed Ondansetron and Fenoprofen now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Fenoprofen 400mg: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Celebrex in the prior months and had increasing pain. No one NSAID is superior to another. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had required a PPI while on Fenopufen. Continued use of Fenopufen is not medically necessary.

30 Ondansetron 8mg: 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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- anti-emetics and pg 14.

Decision rationale: According to the ODG guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Zofran (Ondansetron) 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. In this case, the claimant is not on chemotherapy and the surgery was not recent. The Ondansetron is not medically necessary.