MAXIMUS Federal Services

Case Number:	CM15-0064287		
Date Assigned:	04/10/2015	Date of Injury:	12/14/2014
Decision Date:	05/28/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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 is a 27 year old female, who sustained an industrial injury on December 14, 2014. She reported slipping and falling on a wet floor, striking her head, with headaches, dizziness, and pain in her back, neck, and buttock. The injured worker was diagnosed as having cervical/trapezial musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain, right shoulder/arm sprain/strain and triceps strain, and post-traumatic headaches/blunt head trauma with associated tinnitus, nausea, concentration problems, lightheadedness, and acid reflux. Treatment to date has included x-rays and medication. Currently, the injured worker complains of neck pain, back pain, right shoulder and arm pain, and headaches with tinnitus, nausea, lightheadedness, concentration difficulties, and acid reflux. The Doctor's First Report of Occupational Injury or Illness dated January 7, 2015, noted the cervical spine with tenderness to palpation and muscle guarding over the suboccipital and paraspinal musculature as well as the upper trapezius muscles. Axial compression tests and Spurling's maneuver elicited increased neck pain without radicular component. Palpation was notable for tenderness and muscle guarding over the paraspinal musculature and lumbosacral junction as well as the right sacroiliac joint, sacrococcygeal region, and sciatic notch. Straight leg raise was noted to elicit increased low back pain without radicular component, with the sacroiliac stress test positive on the right. The right shoulder was noted to have tenderness to palpation over the periscapular region and triceps musculature at the insertion of the elbow. The treatment plan was noted to include requests for authorizations for physical therapy, a neurological consultation, and medications including Ultram ER, Zofran, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 Page(s): 58 and 59 of 127.

Decision rationale: The MTUS guidelines do allow for physical therapy for back as well as extremity pain. This includes a trial of 6 visits over 2 weeks. If there is evidence of functional improvement seen, a total of up to 18 visits over a 6-8 week period may be added. This patient has already undergone a course of physical therapy but there is inadequate documentation of substantive functional gains seen to warrant another course. One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises. Active therapy has been shown to have better clinical outcomes. The request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 Page(s): 67 of 127.

Decision rationale: The MTUS guidelines recommend the use of proton pump inhibitor medication in certain cases. These include patients who are taking NSAIDs and are at intermediate or high risk for a gastrointestinal event. Those risk factors include age greater then 65, history of peptic ulcer disease or gastrointestinal bleeding. Other risks include concurrent use of aspirin, corticosteroids, an anticoagulant, or high dose/multiple NSAIDs. There is inadequate documentation placing her in a risk category requiring a proton pump inhibitor. The request is not medically necessary.

Zofran ODT 8mg #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 Pain Chapter, Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.pdr.net/drug-information?druglabelid=244.

Decision rationale: There are no specific guidelines addressed in the MTUS regarding the use of Zofran specifically. This is a medication typically used for nausea. The patient has multiple symptoms listed including nausea. Unfortunately, there is poor documentation regarding the etiology of the nausea or the indication for the use of Zofran. The indications as listed by the manufacturer include the following:"INDICATIONS AND USAGE 1. Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin 50 mg/m2. 2. Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. 3. Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. 4. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, Zofran Tablets, Zofran ODT Orally Disintegrating Tablets, and Zofran Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low." The request is not medically necessary.