

Case Number:	CM15-0064923		
Date Assigned:	04/13/2015	Date of Injury:	02/16/2010
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
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: New York, Tennessee
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 43-year-old female who sustained a work related injury February 16, 2010. Past history included impingement syndrome, left shoulder s/p arthroscopic evaluation of the glenohumeral joint with partial synovectomy, debridement, partial tear, anterior labrum, extensive bursectomy, subacromial decompression, Mumford procedure, September 14, 2014. A primary treating physician's progress report, dated October 21, 2014, found the injured worker with occasional low back pain and nausea. Diagnoses included unspecified constipation; non-organic sleep disturbance; gastritis; and irritable bowel syndrome. On this date of service request for authorization included Nizatidine 150 mg 1 cap twice a day, Prilosec 20mg capsule delayed release 1 cap twice a day and Ondansatron 8mg Qty: 30. According to a primary treating physician's progress report, dated January 19, 2015, the injured worker presented s/p left shoulder surgery with pain and popping of the left shoulder. The lumbar spine was noted to be painful down the left leg and left pelvic region. She also complains of bilateral wrist pain with numbness. Diagnoses included carpal tunnel syndrome; cervical disc displacement; lumbar disc displacement. Treatment plan included continue with medications and re-evaluation by qualified medical examiner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request should not be authorized and is not medically necessary.

Ondansatron 8mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain: Antiemetics (for opioid nausea).

Decision rationale: Ondansetron, a serotonin 5-HT₃ receptor antagonist, is an antiemetic. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case the patient experienced post-operative nausea which now occurred infrequently. Ondansetron is not medically indicated. The request should not be authorized and is not medically necessary.

Nizatidine (unspecified dosage/quantity): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Letter on Drugs and Therapeutics; March 8, 2010 (Issue 1333) p. 17: Primary Prevention of Ulcers in Patients Taking Aspirin or NSAIDs.

Decision rationale: Nizatidine an H₂-receptor antagonist. It is indicated for the treatment of peptic ulcer disease and been shown to prevent NSAID-related gastric ulcers in high doses. In this case the patient was not taking NSAID medication. In addition the patient did not have diagnosis of ulcer disease and nausea was infrequent. Medical necessity has not been established. The request should not be authorized and is not medically necessary.