MAXIMUS Federal Services

Case Number:	CM15-0073243		
Date Assigned:	04/23/2015	Date of Injury:	08/04/2014
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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, North Carolina
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:

This 32 year old female sustained an industrial injury to the left shoulder, neck and back on 8/4/14. Previous treatment included x-rays, trigger point injections, medications and physical therapy. In a PR-2 dated 2/20/15, the injured worker complained of left shoulder, neck and upper back pain with radiation to bilateral upper extremities associated with numbness, tingling and headaches. The injured worker rated her pain 7-8/10 on the visual analog scale. Current diagnoses included cervical and thoracic discopathy and cervicalgia. The injured worker received an injection to the left shoulder during the office visit. The treatment plan included medications (Omeprazole, Zofran, Cyclobenzaprine, Tramadol and Sumatriptan) and awaiting authorization for physical therapy and diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

Decision rationale: MTUS guidelines state that proton pump inhibitors (PPIs) like omeprazole are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for GI events with NSAID use. The patient is not at risk for GI events defined as: 1) age greater than 65 years; 2) history of peptic ulcer, GI bleeding or perforation; 3) concurrent use of ASA, corticosteroids or anticoagulants; 4) high dose/multiple NSAIDs. Since the NSAID prescribed in this case is not recommended, discontinuance of the NSAID should obviate the need for omeprazole for symptoms of dyspepsia. Thus, this claim is deemed not medically necessary.

Ondansetron ODT 8mg, #30: 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 - Online Version, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, antiemetics.

Decision rationale: MTUS does not address the use of Ondansetron. The ODG states that Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved for postoperative use. Acute use is approved for gastroenteritis. The use of anitemtics for nausea secondary to NSAIDs is not approved. The claimant does not present with evidence within the guidelines for recommended use. In this case, the nausea is likely secondary to the chronic use of NSAIDs, which are not recommended. Discontinuance of the NSAID should resolve the nausea. This request is deemed not medically necessary.

Fenoprofen Calcium (Nolfon) 400mg, #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms and Cardiovacular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: NSAIDs for osteoarthritis are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for patients with cardiovascular, gastrointestinal or renovascular risk factors. For acute exacerbations of back pain, NSAIDs are recommended as a second-line treatment after acetaminophen. In this patient, there is no documentation of significant improvement of pain or function with Nolfon. Long-term use of NSAIDs like Nalfon present a significant increase risk for cardiovascular, gastrointestinal or renovascular side effecdts. The Nolfon is likely contributing to the patient's GI symptoms and should be discontinued, particularly since the

omeprazole and Zofran have not improved the GI symptoms. Once the Nolfon is discontinued, the GI symptoms should resolve obviating the need for omeprazole and Zofran. Therefore, the requested medical treatment is not medically necessary.