

Case Number:	CM15-0095013		
Date Assigned:	05/21/2015	Date of Injury:	06/20/2010
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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: Internal 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 54-year-old female, who sustained an industrial injury on 2/6/08. The injured worker was diagnosed as having lack of posterior spinal fusion and status post posterior pedicle screw fixation L4-S1. Treatment to date has included oral medications including narcotics, lumbar laminectomies and physical therapy. (CT) computerized tomography scan of lumbar spine performed on 3/12/15 revealed bilateral laminectomies, bilateral pedicular screws at L4, 5 and S1, moderate disc narrowing and posterior disc bulge at L2-3, L3-4 retrolisthesis and posterior bulge, L4-5 mild bilateral neural foraminal narrowing and L5-S1 retrolisthesis. Currently, the injured worker complains of intermittent significant stabbing, throbbing and aching low back pain with radiation down left leg with numbness and weakness. Physical exam noted significantly limited range of motion and diminished sensation to left L5 and S1 light touch dermatomal distribution. The treatment plan included 18 sessions of physical therapy and medications: Diclofenac and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The primary treating physician's progress report dated 4/7/15 documented the diagnosis of hypertension and chronic low back pain. The 4/7/15 progress report documented that Omeprazole was prescribed to reduce NSAID gastritis prophylaxis. Long-term NSAID use in the patient with a history of hypertension was determined to be not necessary. There was no gastrointestinal complaints documented. The request for the proton pump inhibitor Omeprazole is not supported by MTUS guidelines. Therefore, the request for Omeprazole is not medically necessary.

Ondansetron 4mg, #60: 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 (ODG) Pain (Chronic) Ondansetron (Zofran). FDA Prescribing Information Zofran (Ondansetron) <http://www.drugs.com/pro/zofran.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zofran (Ondansetron). Official Disability Guidelines (ODG) indicates that Ondansetron (Zofran) is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment, and for postoperative use. The primary treating physician's progress report dated 4/7/15 documented that Ondansetron was prescribed "to counter effect nausea from NSAIDS prophylaxis." No subjective complaints of nausea or vomiting were documented. Medical records do not document symptoms of nausea or vomiting associated with chemotherapy or radiation treatment or postoperative use. No cancer chemotherapy or radiotherapy was documented. Ondansetron was not being prescribed for postoperative use. The request for Ondansetron (Zofran) is not supported by ODG or FDA guidelines. Therefore, the request for Ondansetron is not medically necessary.

Diclofenac 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U. S. Boxed Warning for associated risk of adverse cardiovascular events, including,

myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The primary treating physician's progress report dated 4/7/15 documented the diagnosis of hypertension. Per MTUS, NSAIDS are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. The patient has chronic low back pain. The date of injury was 06/20/2010. Medical records document the long-term use of NSAIDS. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Diclofenac is not supported by MTUS guidelines. Therefore, the request for Diclofenac is not medically necessary.