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| Case Number: | CM15-0097689 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 10/06/2012 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 05/11/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old female, who sustained an industrial injury on 10/6/12. The injured worker was diagnosed as having lumbago and internal derangement of knee. Treatment to date has included physical therapy, oral medications including narcotics, activity restrictions and a wrist brace. (MRI) magnetic resonance imaging of lumbar spine performed on 3/15/15 revealed L4-5 and L5-S1 disc protrusion/extrusion. Currently, the injured worker complains of constant pain in low back rated 8/10, with radiation into right lower extremity, frequent bilateral wrist/hand pain rated 7/10 unchanged from previous visits and constant pain in bilateral knees rated 7/10 unchanged from previous visits. It is noted the medications are helping in curing and relieving the injured worker's symptomatology. Physical exam noted tenderness on palpation over the volar aspect of the wrist with full but painful range of motion; tenderness on palpation of lumbar paravertebral muscles with spasm and restricted range of motion and tenderness of knees at the joint line is noted with crepitus and painful range of motion. A request for authorization was submitted for Nalfon, Prevacid, Ondansetron, Cyclobenzaprine Hydrochloride and Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (prevacid) delayed-release capusles 30 mg, #120, 0 refills: Overturned

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

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

Decision rationale: The injured worker sustained a work related injury on 10/6/12. The medical records provided indicate the diagnosis of lumbago and internal derangement of knee. Treatment to date has included physical therapy, oral medications including narcotics, activity restrictions and a wrist brace. (MRI) magnetic resonance imaging of lumbar spine performed on 3/15/15 revealed L4-5 and L5-S1 disc protrusion/extrusion. The medical records provided for review do indicate a medical necessity for Lansoprazole (prevacid) delayed-release capsules 30 mg, #120, 0 refills. Lansoprazole is a proton pump inhibitor. The medical records indicate the utilization reviewer denied this medication on the grounds the injured worker is currently not on NSAIDs. The records reveal he had gastrointestinal upset in the past while on treatment with Naproxen; this utilization reviewer recently approved the request for the treatment with Fenoprofen, a different NSAID. The MTUS recommends the addition of the proton pump inhibitors to the treatment of individuals at risk for gastrointestinal events who are being treated with NSAIDs. The gastrointestinal risk factors include: greater than 65 years of age; history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low-dose Aspirin).

Ondansetron 8 mg odt, #30, 0 refills: 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).

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®).

Decision rationale: The injured worker sustained a work related injury on 10/6/12. The medical records provided indicate the diagnosis of lumbago and internal derangement of knee. Treatment to date has included physical therapy, oral medications including narcotics, activity restrictions and a wrist brace. (MRI) magnetic resonance imaging of lumbar spine performed on 3/15/15 revealed L4-5 and L5-S1 disc protrusion/extrusion. The medical records provided for review do indicate a medical necessity for Ondansetron 8 mg odt, #30, 0 refills. Ondansetron is an antiemetic used by individuals suffering from cancer and postsurgically. The medical records indicate this is being used for treatment of opioid related nausea and vomiting. The MTUS is silent on it but the Official Disability Guidelines recommends using it for treatment of opioid related nausea and vomiting.