

<b>Case Number:</b>	CM13-0005970		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/03/2005
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	07/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Tennessee, California and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reported to have sustained work related injuries on 11/03/05. The patient is reported to have chronic low back pain with radiation into the bilateral lower extremities. The patient is noted to have tenderness to palpation, reduced and painful range of motion, dysethesia in the L4 to S1 dermatomes, and electrodiagnostic evidence of a chronic S1 radiculopathy. The records reflect the patient is status post lumbar fusion. The request is for Naproxen Sodium 550mg, Omeprazole DR 20 mg, Ondansetron ODT 8mg, Cyclobenzaprine 7.5 mg, Levofloxacin 750 mg, Medrox Pain Relief Ointment, and Tramadol ER 150 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: 120 NAPROXEN SODIUM 550MG (DOS 6/18/2013):** Overturned

**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 Chronic Pain Page(s): 67-73.

**Decision rationale:** The submitted clinical records indicate the patient has a Failed Back Surgery Syndrome (FBSS) with residuals. The records indicate the patient continues to have low back pain with radiation into the lower extremities validated by electrodiagnostic studies. The

use of Naproxen Sodium 550 mg is clinically indicated to reduce chronic inflammation associated with a Failed Back Surgery Syndrome (FBSS) and would be supported and medically necessary under the California Medical Treatment Utilization Schedule, Chronic pain chapter. Therefore, the retro request for 120 Naproxen Sodium 550mg (DOS 6/18/2013) is medically necessary and appropriate.

**RETRO: 120 OMEPRAZOLE DR 20MG (DOS 6/18/2013): Overturned**

**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 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitor.

**Decision rationale:** The submitted clinical records indicate the patient has a Failed Back Surgery Syndrome (FBSS) with residuals. The records indicate the patient continues to have low back pain with radiation into the lower extremities validated by electrodiagnostic studies. The patient will be chronically maintained on oral medications for pain and inflammation. The California Medical Treatment Schedule supports the use of proton pump inhibitors to reduce the potential development of medication induced gastritis. This is further supported under the Official Disability Guidelines. Therefore, the retro request for 120 Omeprazole DR 20mg (DOS 6/18/2013) is medically necessary.

**RETRO: 60 ONDANSETRON ODT 8MG (DOS 6/18/2013): 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 Chapter, Zofran.

**Decision rationale:** The submitted clinical records indicate the patient is a 52 year-old male who has a Failed Back Surgery Syndrome (FBSS) with residuals. The records indicate the patient continues to have low back pain with radiation into the lower extremities validated by electrodiagnostic studies. The submitted clinical information provides no data indicating that the patient has nausea as a side-effect of the current medication profile. Therefore, the retro request for 60 Ondansetron ODT 8mg is not medically necessary and appropriate.

**RETRO: 120, CYCLOBENZAPRINE HCL 20 (DOS 6/18/2013): 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 Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The submitted clinical records indicate the patient has a Failed Back Surgery Syndrome (FBSS) with residuals. The records indicate the patient continues to have low back pain with radiation into the lower extremities validated by electrodiagnostic studies. The submitted clinical records fail to document the presence of active muscle spasm on examination. The California Medical Treatment Utilization Schedule does not support the chronic prescribing of muscle relaxants, or the prescribing of muscle relaxants in the absence of active muscle spasm. As such, the medical necessity of this medication is not established. Therefore, the retro request for 120 Cyclobenzaprine HCL 20 (DOS 6/18/2013) is not medically necessary and appropriate.

**RETRO: LEVOFLOXACIN 750MG (DOS 6/18/2013):** 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), Infectious Disease, Levofloxacin (Levaquin).

**Decision rationale:** The submitted clinical records indicate the patient has a Failed Back Surgery Syndrome (FBSS) with residuals. The records indicate the patient continues to have low back pain with radiation into the lower extremities validated by electrodiagnostic studies. The submitted clinical records provide no data to suggest the patient has an active infection of chronic osteomyelitis for which this medication is indicated. Therefore, the retro request for Levofloxacin 750mg (DOS 6/18/2013) is not medically necessary and appropriate.

**RETRO: MEDROX #120, OINTMENT FOR PAIN RELIEF (DOS 6/18/2013):** 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 Chapter, Topical Analgesics, Compounded Medications.

**Decision rationale:** The submitted clinical records indicate the patient has a Failed Back Surgery Syndrome (FBSS) with residuals. The records indicate the patient continues to have low back pain with radiation into the lower extremities validated by electrodiagnostic studies. The California Medical Treatment Utilization Schedule, Official Disability Guidelines and the US Federal Drug Administration do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no data presented to establish the efficacy of this topical medication in the control of the patient's pain. As such, the medical necessity has not been

established. Therefore, the retro request for Medrox #120 Ointment for pain relief (DOS 6/18/2013) is not medically necessary and appropriate.

**RETRO: 90 TRAMADOL HCL ER 150 MG (DOS 06/18/2013):** Overturned

**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 Opiates Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate the patient has a Failed Back Surgery Syndrome (FBSS) with residuals. The records indicate the patient continues to have low back pain with radiation into the lower extremities validated by electrodiagnostic studies. The records indicate the patient has severe chronic pain secondary to a Failed Back Surgery Syndrome (FBSS). The records indicate the patient has a chronic S1 radiculopathy. The pain associated with a Failed Back Surgery Syndrome (FBSS) is significantly impairing and requires the use of opiates to control pain and improve functional abilities. As such there is sufficient data to support the medical necessity of this medication. Therefore, the retro request for 90 Tramadol HCL ER 150mg (DOS 6/18/2013) is medically necessary and appropriate.