

Case Number:	CM13-0008562		
Date Assigned:	03/10/2014	Date of Injury:	07/15/2002
Decision Date:	07/28/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 35-year-old male who has filed a claim for right cubital/carpal tunnel syndrome associated with an industrial injury date of July 15, 2002. Review of progress notes from May 29, 2013 and earlier noted that the patient is to undergo right cubital tunnel release in June 07, 2013. Findings include tenderness over the cervical and lumbar regions with paravertebral muscle spasm, positive axial loading compression test and Spurling's maneuver, painful and restricted cervical and lumbar ranges of motion, and slight dysesthesia in the lower extremities. With regards to the right upper extremity, there was tenderness over the right elbow olecranon fossa, positive Tinel's sign at the elbow, positive Cozen's sign, dysesthesia of the ulnar two digits, positive Tinel's and Phalen's at the wrist, and weak grip. Of note, patient also suffers from pain disorder, depressive disorder, panic attacks, and generalized anxiety disorder. Treatment to date has included NSAIDs, opioids, muscle relaxants, triptans, topical analgesics, sedatives, Wellbutrin, individual psychotherapy, physical therapy, and right elbow surgery in June 2013 with post-operative physical therapy. Utilization review from July 22, 2013 denied the requests (05/29/2013) for 120 naproxen sodium tablets 550mg, omeprazole DR 20mg, 60 ondansetron ODT tablets 8mg, 20 levofloxacin tablets 750mg, and 2 prescriptions for medrox pain relief ointment 120gm. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Naproxen sodium tablets 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since 2011. Patient reports that this medication affords temporary pain relief to perform activities of daily living. Continuation of this medication is reasonable to provide adequate pain relief before the upcoming surgical procedure. Therefore, the request for 120 naproxen sodium tablets 550mg (05/29/2013) was medically necessary.

120 Omeprazole Delayed-Release 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least July 2012. Patient reports upset stomach with use of Naproxen. However, the requested quantity is not specified. Therefore, the request for omeprazole delayed-release 20mg (05/29/2013) was not medically necessary.

60 Ondansetron ODT tablets 8mg: 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 chapter, 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 chapter, Antiemetics (for opioid nausea).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, ondansetron is recommended for nausea and vomiting secondary to chemotherapy, radiation, and post operative use. Acute use is FDA-approved for gastroenteritis. It is not

recommended for nausea and vomiting secondary to chronic opioid use. Patient has been on this medication since at least July 2012. This medication is being prescribed for nausea associated with the patient's headaches. However, the request does not meet the indications for use of this medication. Therefore, the request for 60 ondansetron ODT tablets 8mg (05/29/2013) was not medically necessary.

20 Levofloxacin Tablets 750mg: 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Levaquin); Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery, American Society of Health-System Pharmacists, 2013.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, indications for use of levofloxacin include infections caused by susceptible bacteria in cases of pneumonia, acute bacterial sinusitis, acute bacterial exacerbation of chronic bronchitis, skin infections, chronic bacterial prostatitis, UTIs, and acute pyelonephritis. According to the Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery, clean orthopedic operations do not need antibiotic prophylaxis. The requesting physician notes that this medication is to be used for prophylaxis against post-operative infection. However, for elective surgery of cubital tunnel release, there is no indication for the need of antibiotic prophylaxis. Therefore, the request for 20 levofloxacin tablets 750mg (5/29/2013) was not medically necessary.

2 Prescriptions for Medrox pain relief ointment 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Topical analgesics Page(s): 28; 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. California MTUS chronic pain medical treatment guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain

menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation regarding a failure of or intolerance to first-line pain medications. Also, there is no guideline evidence showing greater efficacy of the 0.0375% preparation of capsaicin. It is unclear as to why a topical versus an oral pain medication is necessary in this patient. Therefore, the request for Medrox pain relief ointment 120g #2 (05/29/2013) was not medically necessary.