

<b>Case Number:</b>	CM13-0023697		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	03/10/2003
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 10, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; topical compounds; attorney representation; extensive periods of time off of work, on total temporary disability; electrodiagnostic testing on March 7, 2013, notable for chronic left S1 radiculopathy; prior lumbar spine surgery on June 28, 2013. In a utilization review report of September 4, 2013, the claims administrator certified a request for Naprosyn, Prilosec, and Flexeril. Additionally, the claims administrator denied a request for the following: outpatient office visit, a special report, Zofran, topical Medrox, Tramadol, and Levaquin. An earlier clinical progress note of August 29, 2013, is notable for comments that the applicant reports low back, left leg pain, and residual numbness. The applicant exhibits a well-healed surgical scar to the lumbar spine with tenderness of the lumbar and cervical spines with an associated loss of motion and dysesthesias of the left peroneal nerve. The applicant was asked to continue walking, take medications as needed, pursue additional physical therapy, and remain off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the MTUS/ACOEM Guidelines in Chapter 12, more frequent follow-up visits are indicated in those applicants who are off of work. In this case, the employee is off of work, on total temporary disability. The request for a follow up visit are medically necessary and appropriate.

**A special report:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, General Instructions: Reports (1999), pgs.5-6. The Official Disability Guidelines (ODG) CPT Procedure Code Index.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** According to the MTUS/ACOEM Guidelines in Chapter 2, reports of medical examination and progress notes should be part of the medical record. The request for a special report is medically necessary and appropriate.

**Ondansetron 8mg, quantity 60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Integrated Treatment/ Disability Duration Guidelines, Pain (Chronic).

**Decision rationale:** The MTUS does not address the topic of Zofran usage. As noted in the ODG Chronic Pain Chapter, Antiemetic Topic, Zofran or ondansetron is indicated in the treatment of opioid-induced nausea. The employee underwent spine surgery on June 28, 2013. This medication had been introduced for postoperative purposes here and was prescribed just before the employee underwent spine surgery. The request for Ondansetron 8mg, quantity 60 is medically necessary and appropriate.

**Two prescriptions of Medrox 120gm for pain relief:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to the MTUS/ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the employee is or was receiving numerous first-line oral pharmaceuticals without any reported impediment, and/or impairment. This effectively obviated the need for topical analgesics such as Medrox, which are, per the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." The request for two prescriptions for Medrox 120gm for pain relief is not medically necessary and appropriate.

**Tramadol extended release 150 mg, quantity 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 94.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol, and opioid/opioid analogue, is indicated in the treatment of moderate to severe pain. In this case, the employee underwent spine surgery on June 28, 2013, and medication was dispensed prior to the surgery. Provision of Tramadol for perioperative/postoperative use purposes was indicated. It is noted that the employee underwent surgery on June 28, 2013, which supports perioperative provision of tramadol without an immediate need for assessment of functional improvement. In this case, however, the employee did return to work prior to later undergoing spine surgery. The request for tramadol extended release 150mg, quantity 90 is medically necessary and appropriate.

**Levofloxacin 750mg, quantity 20:** Overturned

**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 North American Spine Society, Antibiotic Prophylaxis in Spine Surgery: [www.spine.org/Documents/Antibiotic\\_Prophylaxis\\_Web13.pdf](http://www.spine.org/Documents/Antibiotic_Prophylaxis_Web13.pdf)

**Decision rationale:** The MTUS does not address the topic of perioperative antibiotic usage. As noted by the North American Spine Society, prophylactic usage of antibiotics is indicated prior to spine surgery as it has resulted in substantially reduced infection rate. The medical records provided for review reflects that the employee underwent spine surgery for which antibiotic prophylaxis with Levaquin was indicated. The request for Levofloxacin 750mg, quantity 20 is medically necessary and appropriate.