

Case Number:	CM13-0024316		
Date Assigned:	11/20/2013	Date of Injury:	11/30/2011
Decision Date:	01/16/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of November 30, 2011. A utilization review determination dated August 26, 2013 recommends a conditional denial of levofloxacin, tramadol ER, cyclobenzaprine, ondansetron, omeprazole, and naproxen. A progress report dated June 26, 2013 identifies subjective complaint stating, "she has a UTI and is anemic and was not cleared for surgery. [REDACTED] dispensed the patient's antibiotic and she is currently taking this antibiotic." Physical examination identifies, "examination of the right ankle and leg reveals tenderness of the right ankle joint line with swelling. The patient walks with a limp favoring the right side. There is pain with terminal motion with limited range of motion." Treatment plan recommends urine drug screen and ondansetron ODT. The note goes on to state, "she has described a relief of the nauseousness with the use of this medication." A progress report dated June 24, 2013 identifies, "the patient is going to have ankle surgery. The patient is complaining of dysuria, frequency, or urgency X3." Laboratory findings identify, "UA are remarkable for 3+ leukocytes in the urine noted and nitrates noted." Diagnosis includes, "asymptomatic urinary tract infection." Discussion states, "the patient was given Levaquin." A urine drug screen dated May 8, 2013 identifies no medications. A prescription dated August 19, 2013 includes naproxen, omeprazole, ondansetron, cyclobenzaprine, tramadol ER, levofloxacin, and Medrox patch. The sig for levofloxacin states, "one every day for 7 days after surgery." A progress report dated March 27, 2013 identifies subjective complaint stating, "persistent pain of the right ankle that is aggravated by standing, walking, kneeling, squatting, lifting, bending, and ascending and descending stairs. There is also swelling of the right ankle. She is still awaiting authorization for the recommended surgery." Physical examination identifies,

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

Decision rationale: Regarding the request for omeprazole 20 mg, the MTUS guidelines indicate that proton pump inhibitors are recommended for patients who are using NSAIDs consistently and therefore at a high risk of gastrointestinal events. The ODG recommends proton pump inhibitors for patients who have a high risk of gastrointestinal events. The previous reviewing physician did not have access to records demonstrating benefit as a result of the naproxen, as well as the employee's complaints of G.I. issues related to the use of naproxen. Within the documentation available for review, it is clear that the employee is being instructed to take high-dose nonsteroidal anti-inflammatory medication. The requesting physician has indicated that the employee's use of naproxen reduces pain, but causes acid reflux and gastrointestinal upset. Therefore, the currently requested omeprazole 20 mg is medically necessary.

Ondansetron Tablet: 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), Chronic Pain Chapter, Antiemetics.

Decision rationale: Regarding the request for ondansetron, the MTUS guidelines do not contain criteria regarding the use of antiemetic medication. The ODG indicates that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the employee has nausea as a result of any of these diagnoses, attributable to the accepted industrial injury. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron is not medically necessary.

Cyclobenzaprine Hydrochloride: 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 Section Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, the MTUS guidelines recommend nonsedating muscle relaxants with caution as a 2nd line option for short-term treatment of acute exacerbations of pain. The guidelines go on to recommend the use of cyclobenzaprine for a short course of therapy only. Within the documentation available for review, there is no indication that the employee has any muscle spasm, or complaints of myofascial pain. Additionally, there is no documentation that the cyclobenzaprine improves the employee's pain or function in any recent progress reports. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

Tramadol Hydrochloride ER 150mg: 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 Section Criteria for Use of Opioids Page(s): 75-79.

Decision rationale: Regarding the request for Ultram ER, the MTUS guidelines indicate that Ultram ER is a long acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. The guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the employee's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, there is some concern with how the Ultram ER is being prescribed. Ultram ER is a long-acting medication, and should therefore be used on an around-the-clock not PRN basis. The requesting physician has advised the employee to use the medication every 6 to 8 hours as needed. There is no statement in any of the progress reports provided for review indicating why a long-acting medication is being prescribed on an as needed basis. In the absence of clarity regarding those issues, the currently requested Ultram ER is not medically necessary.

Levofloxacin 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 Official Disability Guidelines (ODG), Infectious Disease Chapter, Levofloxacin, Bone & Joint Infections: Prosthetic Joints.

Decision rationale: Regarding the request for levofloxacin, the MTUS guidelines do not contain criteria for the use of antibiotic medications. The ODG guidelines indicate that levofloxacin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. Within the documentation available for review, there is no indication that the employee has any of these diagnoses. It appears that this medication is being prescribed postoperatively following ankle surgery for prophylaxis. There is no documentation indicating that the employee will have a prosthetic implant for which the use of prophylactic antibiotics may be indicated. In the absence of such documentation, the currently requested levofloxacin is not medically necessary.