

Case Number:	CM13-0046990		
Date Assigned:	12/27/2013	Date of Injury:	08/07/2012
Decision Date:	04/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal 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 66 year old male who was injured on 08/07/2012. The patient feels he was injured particularly when he was running as part of physical training exercise. Prior treatment history has included the patient is temporarily totally disabled and is retired. Diagnostic studies reviewed include MRI of the left knee dated 10/24/2012 revealing status post partial resection of the medial meniscus with secondary postsurgical changes as described. Marked thinning of the medial patellar facet hyaline cartilage with underlying bone pitting compatible with previous surgery and/or a chondromalacia patella was found. Clinic and historical correlation is recommended. Degenerative bone and cartilaginous changes noted above under osseous structures. An MRI of the lumbar spine dated 10/24/2012 revealed extensive degenerative bone and disc changes in L1-L2, L2-3, L3-4, L4-5 and L5-S1. Bony narrowing of the spinal canal most pronounced at the L3-L4 intervertebral disc level secondary to degenerative facet hypertrophy and hypertrophy of the ligamentum flavum as well as the central and left sided disc protrusion described and appearing encroach on the descending left L4 nerve root where clinical correlation is recommended. A mild grade I/IV spondylolisthesis of the L5 in relation to the S1 vertebra was found. A 2 mm annular disc bulge encroaching on the thecal sac and appearing encroach on the exiting L5 nerve roots bilaterally. An electrodiagnostic study dated 11/01/2012 revealing no evidence of entrapment neuropathy in the lower extremities. Electromyographic indicators of acute lumbar radiculopathy were not seen. An x-ray of the lumbar spine dated 09/06/2013: Fluoroscopy was performed for posterior lumbar interbody fusion. Limited intraoperative images were obtained for localization and assessment of hardware. Total fluoroscopy time was 81.4 seconds. An echocardiographic report dated 10/18/2013 revealed hyperdynamic left ventricular systolic function and mild left ventricular hypertrophy. There is a reversal of the E to A ratio and/or prolonged deceleration time consistent with impaired left

ventricular relaxation. PR-2 dated 10/17/2013 documented the patient to have complaints of persistent pain of the low back with hardware-related pain. He has residual left leg symptomatology. The symptomatology in the patient's left knee has not changed significantly. Objective findings on exam included examination of the lumbar spine revealing tenderness at the lumbar paravertebral muscles with palpable hardware. There is a well healed midline scar. There is pain with terminal motion. Neurovascular status remains the same. Examination of the left knee is essentially unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 63.

Decision rationale: The medical records document the patient was evaluated on 10/17/2013, however that report does not document subjective complaints and clinical findings consistent with active muscle spasms. In addition, there lack documentation of any attempts with self-directed care such as would include heat/ice, range of motion/stretching exercises, and such. The medical records do not establish this patient has presented with any acute exacerbation of chronic LBP. In the Final Determination Letter for IMR Case Number [REDACTED] absence of findings of muscle spasm on examination and documentation of failure with nonmedicinal conservative measures, the medical necessity for cyclobenzaprine has not been established.

ONDANSETRON ODT 8MG #60: 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 Chapter,

Decision rationale: According to the evidence-based guidelines referenced above, this medication is only recommended for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis, and is not recommended for nausea and vomiting secondary to chronic opioid use. The medical records do not establish the purpose of this prescription is to address a condition for which it is FDA approved to treat. Consequently, the medical necessity of this request has not been established.

QUAZEPAM 15MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: According to the guidelines, Quazepam is not recommended for long-term use. This drug is within the class of drugs, benzodiazepines, which are not recommended without clear indication. The long-term efficacy is unproven and there is a risk of psychological and physical dependence or addiction. The medical records do not provide a clinical rationale as to justify providing medication that is not recommended under the evidence-based guidelines. Therefore, the medical necessity of Quazepam 15mg #30 is not established.

TRAMADOL HYDROCHLORIDE ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Criteria For Use Page(s): 113 and 76-78.

Decision rationale: The 10/17/2013 medical report does not appear to reveal subjective claim of moderately severe pain. There does not appear to be clinical findings or description of pain and loss of function supporting the need for a long-acting, extended-release opioid-class medication. The medical records do not establish failure or exhaustion with standard first-line therapies. As stated in the guidelines, Tramadol is not recommended as a first-line oral analgesic. In addition, extended release opioids are a highly potent form of opiate analgesia. Without clear substantiation of continuous moderate to severe pain levels based on presenting complaint, clinical findings and history, and failure of standard first-line interventions, the medical necessity of this request has not been established.

LEVOFLAXACIN 750MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697040.htm>

Decision rationale: According to the reference cited above, this medication is an antibiotic, indicated for the treatment of certain infections, such as pneumonia, chronic bronchitis, urinary tract, and skin infections, caused by bacteria. The medical records do not appear to document any condition for which this medication is indicated to treat. In the absence of supportive documentation, the medical necessity of Levofloxacin 750mg #30 has not been established.