MAXIMUS Federal Services

Case Number:	CM13-0054270		
Date Assigned:	02/07/2014	Date of Injury:	09/25/2012
Decision Date:	06/20/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/19/2013

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:

This is a 51 year old female who has reported neck, extremity, and back pain after an injury on 09/25/12. The primary diagnoses include cervical and lumbar disc disease, radiculopathy, and arthrosis. Treatment has included physical therapy, multiple medications, and a shoulder surgery is apparently pending. The current primary treating physician began treating the injured worker on 4/23/13. Current medications were stated to be Naproxen, Vicodin, Flexeril, and antibiotics. Medications prescribed were Tramadol, Medrox, Omeprazole, Sumatriptan, Cyclobenzaprine, and Naproxen. There was no discussion of the results of using any prior medication or the reasons why the injured worker required 6 medications as a trial. Subsequent reports do not discuss the results of using these medications. On 9/24/13 the primary treating physician stated that there was ongoing pain in the shoulder region, wrist, head, back, and neck. The treatment plan included many tests, shoulder surgery, unspecified medications, and a referral. On 10/24/13, the primary treating physician requested authorization for Naproxen, Ondansetron, Omeprazole, and Levofloxacin "to avoid postoperative infection". Ondansetron was stated to be for nausea caused by Cyclobenzaprine and "other analgesic agents". On 10/30/13, a Utilization Review determination non-certified prescriptions for Ondansetron and levofloxacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT TABLETS 8MG #30 X2 PER DOS 9/24/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MOSBY'S DRUG CONSULT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

Decision rationale: The Official Disability Guidelines recommends against the use of Antiemetics for nausea presumed to be caused by chronic opioid intake. Per the FDA, Ondansetron is indicated for nausea caused by chemotherapy, radiation treatment, postoperative use, and acute gastroenteritis. This injured worker does not have an FDA-approved indication. Cyclobenzaprine does not generally cause nausea, and if it did, the treatment is to stop the Cyclobenzaprine. The treating physician has not provided any medical reports describing any gastrointestinal symptoms or nausea caused by any medications. The treating physician has not provided an adequate evaluation of any condition causing nausea. Ondansetron is therefore not medically necessary and appropriate.

2. LEVOFLOXACIN 750MG #30 ONE TABLET EVERY DAY FOR SEVEN DAYS PER DOS: 9/24/13 IS NOT MEDICALLY NECESSARY AND APPROPRIATE.

The Claims Administrator based its decision on the Non-MTUS Citation: Mosby's Drug Consult.

The Expert Reviewer based his/her decision on the Non-MTUS Citation: UpToDate.com, Antimicrobial prophylaxis for prevention of surgical site infection in adults.

The Expert Reviewer's decision rationale: An arthroscopic shoulder surgery is apparently planned. The treating surgeon has prescribed antibiotics for 7 days but has given 30 tablets. The total quantity is excessive. Regardless, there is no indication for antibiotics in this setting per the current medical evidence as reviewed in the Up-to-date reference cited above. This references states: "Orthopedic surgery— Antimicrobial prophylaxis is warranted for spinal procedures, repair of hip and other closed fractures, implantation of internal fixation device (screws, nails, plates, and pins), and total joint replacement (table 8). Antimicrobial prophylaxis is not warranted for clean orthopedic procedures; these include arthroscopy and other procedures with no implantation of foreign materials." The request for Levofloxacin is not medically necessary.