

<b>Case Number:</b>	CM13-0057479		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine and 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 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 57 year old female who was injured on February 7, 2011. The mechanism of injury is unknown. Prior treatment history has included physical therapy, activity modification, chiropractic modalities, medication usage and acupuncture. The patient underwent a cervical fusion on October 23, 2013. Diagnostic studies reviewed include x-rays of the cervical spine dated December 19, 2013 which failed to reveal any implant hardware failure. Excellent position and alignment have been maintained. There is disc replacement at C3-4 and anterior cervical spine discectomy and fusion from C4 to C7 noted. PR-2 dated November 21, 2013 documented the patient to have complaints of persistent pain of the neck that is aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. Objective findings on exam reveal cervical spine tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is a well-healed anterior scar. There is pain with terminal motion. Neurovascular status remains intact. PR-2 dated December 19, 2013 documents the patient with complaints of persistent pain of the neck that is aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. There is stiffness. There is residual numbness of the upper extremities. Objective findings reveal examination of the cervical spine tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There is pain with terminal motion. Neurovascular status remains intact. Diagnosis: Status post C3 to C7 cervical hybrid reconstruction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEVOFLOXAN 750 MG, 30 COUNT: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov)

**Decision rationale:** According to the references, Levofloxacin is used to treat certain infections such as pneumonia, chronic bronchitis and sinus, urinary tract, kidney, prostate (a male reproductive gland), and skin infections. Levofloxacin is also used to prevent anthrax (a serious infection that may be spread on purpose as part of a bioterror attack) in people who may have been exposed to anthrax germs in the air. Levofloxacin is in a class of antibiotics called fluoroquinolones. It works by killing bacteria that cause infections. Antibiotics will not work for colds, flu, or other viral infections. Although the medical records do not document whether this was the case, it is presumed that this antibiotics medication was prescribed as a prophylactic measure for the post-operative patient. This prescription would be considered medically necessary in the treatment of the recent post-operative patient. The request for Levofloxan 750 mg, 30 count, is medically necessary and appropriate.

**NAPROXEN 550 MG, 100 COUNT: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Naproxen "NSAID" is recommended at the lowest dose for the shortest period in patients with moderate to severe pain, there is no evidence of long-term effectiveness for pain or function. The November 11, 2013 Request for Authorization for the medication did not include a medical report documenting subjective and objective findings. The PR-2 dated November 21, 2013 documented the patient to have complaints of persistent pain of the neck that is aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. Objective findings on exam revealed cervical spine tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm, well-healed anterior scar, pain with terminal motion, and neurovascular status remains intact. The request for Naproxen 550 mg, 100count, is medically necessary and appropriate.

**CYCLOBENZAPRINE 7.5 MG #120 (EXPRESS SCRIPTS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®); Muscle relaxants (for pain) Page(s): 41; 63.

**Decision rationale:** The November 11, 2013 Request for Authorization for the medication did not include a medical report documenting subjective and objective findings to establish medical necessity of cyclobenzaprine #90. The PR-2 November 21, 2013 documented the patient to have complaints of persistent pain of the neck that is aggravated by repetitive motions of the neck/prolonged positioning of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. Objective findings on exam revealed cervical spine tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm, well-healed anterior scar, pain with terminal motion, and neurovascular status remains intact. According to the guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The medical records do not document any attempts with self-directed care such as would include heat/ice, range of motion/stretching exercises, and such. Furthermore, the guidelines state muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. The patient has been recommended Naproxen to address her complaints. The addition of cyclobenzaprine to other agents is not recommended. The request for cyclobenzaprine 7.5 mg, 120 count, is not medically necessary or appropriate.

**TRAMADOL ER 150 MG #90 (EXPRESS SCRIPTS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 82-83, 93-94.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is recommended as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; and (3) treatment of neuropathic cancer pain. The medical records document the patient was status post October 23, 2013 cervical spine surgery. The November 11, 2013 Request for Authorization for the medication did not include a medical report documenting subjective and objective findings to establish medical necessity of Tramadol ER. The November 21, 2013 medical report did not reveal quantified subjective pain level, such as VAS (visual analog scale), documenting moderately severe pain not adequately responsive to non-opioids. The request for Tramadol ER 150 mg, 90 count, is not medically necessary or appropriate.

**ONDANSETRON 8 MG #60 (EXPRESS SCRITPS): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter, Antiemetics (for opioid nausea)

**Decision rationale:** According to the guidelines, Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, and in acute use for gastroenteritis. The November 11, 2013 Request for Authorization for the medication did not include a medical report documenting subjective and objective findings to establish medical necessity for Ondansetron. The records reflect the patient had undergone surgery on October 23, 2013, more than two weeks prior, and there is no documentation of any postoperative nausea/vomiting symptoms. The November 21, 2013 PR-2 also do not document any postoperative symptoms. The request for Ondansetron 8 mg, 60 count, is not medically necessary or appropriate.

**OMEPRAZOLE 20MG #120 (EXPRESS SCRIPTS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

**Decision rationale:** The medical records reviewed do not document gastrointestinal complaints. The Chronic Pain Medical Treatment Guidelines state medications such as Prilosec, may be indicated for patients at risk for gastrointestinal events: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of these potential risk factors apply to this patient. The medical records do not establish any of the above listed criteria exist in this case that would indicate the patient is at risk for gastrointestinal events, to warrant access to the proton pump inhibitor. The request for Omeprazole 20 mg, 120 count, is not medically necessary or appropriate.