MAXIMUS Federal Services

Case Number:	CM13-0065324		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2012
Decision Date:	06/06/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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:

The patient is a 39 year old male who was injured on 07/19/2012 while carrying a heavy bag of equipment causing an injury to the back. Prior treatment history has included several sessions of physical therapy and medication which includes Naprosyn sodium tablets 550 mg, cyclobenzaprine hydrochloride tablet 7.5 mg, Ondansetron tablets 8 mg, omeprazole delayed release 20 mg, levofloxacin 750 mg. The patient underwent an intramuscular injection on 07/22/2013. The patient also underwent surgical intervention for removal of wound VAC sponge and debridement of deep tissue and necrotic tissues dated 07/26/2013; L5-S1 posterior lumbar interbody fusion bilateral rigid segmental internal fixation posterior lateral/intertransverse process fusion and revision decompression/laminectomy on 06/14/2013. Diagnostic studies reviewed include X-ray of lumbar spine on 10/14/2013 reveals some bone consolidation and there is some lagging bone. PR-2 dated 10/14/2013 indicates the patient underwent a lumbar stabilization and decompressive procedure. He does report significant improvement in his overall symptomalogy. He has physical therapy and he has had some hardware related pain. Objective findings on exam revealed the lumbar spine has pain and tenderness over the top of palpable hardware. There is no significant pain down the lower extremities. There is no radiculopathy. Diagnoses are status post L5-S1, right L&D x2 with disc collapse/progressive neurologic deficit in the lower extremities, right greater than left; 2) Status post L5-S1 posterior lumbar interbody fusion. The treatment and plan includes a lumbar spine bone stimulator needs to be provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 NAPROXEN SODIUM 550 MG: 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) Page(s): 67-98.

Decision rationale: According to the CA MTUS guidelines, NSAIDs for back pain are recommended for acute exacerbations of chronic pain as a second-line treatment after acetaminophen at the lowest dose for the shortest duration possible. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. Efficacy of long-term NSAID use is not clear, and NSAIDs have been shown to delay bone healing (the patient is status post L5-S1 fusion on 6/14/13). The patient is being prescribed Naproxen on a chronic, scheduled basis. Records do not establish significant clinical benefit in terms of pain or function secondary to use of Naproxen. Medical necessity is not established.

120 OMEPRAZOLE DR 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: According to the CA MTUS guidelines, PPI's are recommended for patients at intermediate or high risk of GI events from NSAID use. There is documentation of stomach upset and pain secondary to use of Naproxen. However, high-dose scheduled Naproxen is not clearly warranted in this case and should probably be discontinued as opposed to adding an additional medication such as omeprazole. Medical necessity is not established.

60 ONDANSETRON ODT 80 MG: 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 ODG, Pain Chapter, Ondansetron (Zofran).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Ondansetron (ZofranÂ®) is not recommended for nausea and vomiting secondary to analgesic use. Ondansetron is apparently being prescribed to treat nausea secondary to cyclobenzaprine, which is not an approved indication. Furthermore, chronic cyclobenzaprine administration is not recommended by guidelines. Medical necessity of Ondansetron is not established.

120 CYCLOBENZAPRINE 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

Decision rationale: According to CA MTUS guidelines, Cyclobenzaprine (FlexerilÂ®) is recommended as an option for acute exacerbations of chronic pain for a short course of therapy of 2 to 3 weeks. The medical records document the patient is status post L5-S1 posterior lumbar interbody fusion on 6/14/13. Medical records do not document an acute exacerbation. Cyclobenzaprine is stated to be prescribed only for short courses, but this is not consistent with a request for 120 tabs. The medication appears to be prescribed on a chronic basis. Medical necessity is not established.

30 LEVOFLOXACIN 750 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Levaquin Oral Solution, http://www.drugs.com/pro/levaquin-oral-solution.html.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to ODG, prolonged use of antibiotics is recommended in treating acute osteomyelitis. The Levofloxacin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The medical records document the patient is status post L5-S1 posterior lumbar interbody fusion. The patient had a wound infection and underwent wound debridement on 7/26/2013. Osteomyelitis is not documented. The patient has been on Levofloxacin 750 mg 1 tab per day since reportedly as a precaution. However, there has been no mention of wound drainage or other signs of infection since 7/26/13. Chronic antibiotic administration is generally not recommended as a precaution, and no other clear rationale is provided. Medical necessity is not established.