

Case Number:	CM13-0068162		
Date Assigned:	01/03/2014	Date of Injury:	04/17/1997
Decision Date:	06/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 59 year old male injured as a result of cumulative trauma due to normal duties performed as a police officer resulting in chronic low back pain. The patient underwent L4-S1 fusion/laminectomy on 10/31/13. Post-operative medications prescribed included Naproxen sodium 550mg Q12 hours, Cyclobenzaprine 7.5mg, Omeprazole 20mg Q12 hours, Quazepam 15mg QHS, Ondansetron ODT 8mg, Tramadol 150mg QD, Levofloxacin 750mg QD times seven days. These medications were prescribed on both 10/28/13 and 11/15/13. The patient was again prescribed these medications in addition to Terocin patch on 01/03/14. Pre-operative diagnoses included lumbar discopathy and bowel and bladder dysfunction. There were no subsequent post-operative notes provided for review to justify medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 section on Cyclobenzaprine Page(s): 41-42.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation provided for review, the patient had yet to experience spasm indicating a lack of necessity. Additionally, the prescription was written for an amount that would exceed the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request is not medically necessary and appropriate.

120 OMEPRAZOLE DR 20 MG: Upheld

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 Official Disability Guidelines (ODG)

Decision rationale: As noted in the Official Disability Guidelines, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for 120 Omeprazole DR 20 MG cannot be established as medically necessary.

30 QUAZEPAM 15 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The prescription was being provided prior to the presence of symptoms. As such the request for 30 Quazepam 15 MG is not medically necessary and appropriate.

TRAMADOL HYDROCHLORIDE ER 150 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 77.

Decision rationale: Per the MTUS Chronic Pain Guidelines, the request for 90 Tramadol Hydrochloride ER 150 MG is intended to be utilized post-operatively. This is an appropriate medication as the surgical procedure will be associated with significant post-operative pain. As such, the request for 90 Tramadol Hydrochloride ER 150 MG is recommended as medically necessary.

30 LEVOFLOXACIN 750 MG: 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)

Decision rationale: Current guidelines indicate that Levoquin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). There is no indication that prophylactic antibiotic treatment with Levofloxacin is indicated or beneficial in the absence of infection. As such, the request for 30 Levofloxacin 750 MG is not recommended as medically necessary and appropriate.