

Case Number:	CM13-0069437		
Date Assigned:	03/03/2014	Date of Injury:	11/02/2011
Decision Date:	05/29/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 injured worker is a 58 year old male who reported a left ankle injury on 11/02/2011 from a fall. On the clinical note on 08/05/2013 he had unquantified pain in his left ankle. In the same note there is a medication history given that includes the use of concurrent use of opioids and antiemetic as far back as 2012. In the chart review done on 08/05/2013 there was only orthopedic and pain reports and there was not a review of GI symptoms. The official request for authorization is not submitted in the received paperwork.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONDANSETRON ODT 4MG # 30 2 REFILLS, DOS 4/4/13: 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) PAIN, ANTIEMETICS (FOR OPIOID NAUSEA).

Decision rationale: The request for Ondansetron ODT 4mg #30 with 2 refills is non-certified. The Official Disability Guidelines note that antiemetics are not recommended for nausea and

vomiting secondary to chronic opioid use. Ondansetron is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. Thus, since there was a lack of a documented incident of nausea and Ondansetron is not recommended for chronic opioid use the request is non-certified.

RETROSPECTIVE REQUEST FOR MEDROX PAIN RELIEF OINTMENT 120 GM, DOS 4/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The request for Medrox Pain Relief Ointment 120gm is non-certified. Medrox includes methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. The CA MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, guidelines state that there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Given the compound contains more than 1 active ingredient in its formulary and the capsaicin compounded into the ointment is 0.0375%, the request is non-certified.

RETROSPECTIVE REQUEST FOR LEVOFLOXACIN 750 MG 30, DOS 4/4/13: 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) INFECTIOUS DISEASE, LEVOFLOXACIN.

Decision rationale: The request for levofloxacin 750mg is non-certified. The Official Disability Guidelines recommend levofloxacin as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. However, there is a lack of documentation of any ongoing infection directly after post-operative complications of ankle surgery. Hence, the request is non-certified.