MAXIMUS Federal Services

| Case Number: | CM14-0002841 | | |
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| Date Assigned: | 03/05/2014 | Date of Injury: | 03/04/2012 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

## 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 57-year-old male who reported an injury on 03/04/2012. The mechanism of injury was not provided in the medical records. His symptoms included stiffness, achiness, and popping in regards to the left knee. He continued to have difficulty with weight bearing activities and was wearing a brace for support. Physical examination of the left knee showed trace effusion, well healed arthroscopic portals, tenderness posteriorly and of the medial compartment with range of motion 0 degrees to 115 degrees. The injured worker was diagnosed with carpal tunnel syndrome and lesion of the ulnar nerve and left knee status post scope. Past medical treatment included Celebrex, Norco, and a knee brace. Diagnostic studies were not included in the medical records. The physician's treatment plan included a request for Ondansetron ODT 8mg and Levofloxacin 750mg; the request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ONDANSETRON ODT 8MG, #60:** 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) Pain, Antiemetics (For Opioid Nausea).

**Decision rationale:** The California MTUS/ACOEM guidelines do not address antiemetics. The Official Disability Guidelines further state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and gastroenteritis. Within the documentation submitted for review the requesting physician's rationale for the medication was unclear. The most recent clinical note indicated the injured worker was taking Norco; however, as the guidelines state antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use, the request is not supported. The documentation submitted for review also failed to provide signs or symptoms of gastroenteritis to warrant the need for Ondansetron. Additionally, the request as submitted failed to indicate the frequency at which this medication is to be taken. Therefore, the request for Ondansetron OTD 8 mg, #60 is non-certified.

**LEVOFLOXACIN 750MG, #30:** 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) Infectious Diseases, Levofloxacin (LevaquinÂ®).

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address antibiotics. The Official Disability Guidelines state Levofloxacin is recommended as a first line treatment for osteomyelitis, chronic bronchitis, and pneumonia. The documentation submitted for review failed to provide a clear indication for the need of the requested medication. The documentation failed to provide evidence of osteomyelitis such as tenderness and swelling around the affected bone or a decrease in range of motion. There was no indication the medication was needed for chronic bronchitis or pneumonia. Therefore, the request is not supported. Additionally, the request as submitted failed to indicate the frequency at which this medication is to be taken. Therefore, the request for Levofloxacin 750 mg, #30 is non-certified.