

Case Number:	CM14-0102046		
Date Assigned:	07/30/2014	Date of Injury:	07/20/1994
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/02/2014

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 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:

This is a 53-year-old male with a 7/20/1994 original date of injury. The exact mechanism of injury is not clearly described. The majority of the notes provided for review were handwritten and partially illegible. Progress report dated 5/5/14 noted objective findings to include a positive Tinel's and Phalen's sign. Right thumb triggering was also noted. The patient underwent revision of right carpal tunnel release as well as right trigger thumb release on 5/9/14. A post-operative progress report dated 5/19/14 noted patient to be doing well with improvement of symptoms. Diagnostic Impression: Lumbar Discopathy, Cervical Discopathy, Cervicalgia, Carpal Tunnel Syndrome, Trigger Finger. Treatment to Date: Surgery, Medication Management. A Utilization Review decision dated 6/19/14 denied the request for Levofloxacin 750 mg #20 DOS: 5/6/14. CA-MTUS does not specifically address this request. Sanford Guide to Antimicrobial therapy notes that the use of Quinolones is not the recommended agents for any procedure except urologic procedures. It also denied the request for Cyclobenzaprine 7.5 mg #120 with DOS: 3/27/14. There was no documentation of muscle spasm nor documentation of acute exacerbation of muscular pain. It also denied the request for Ondansetron 8 mg #60 with DOS: 3/27/14. CA-MTUS does not specifically address this request. In the Official Disability Guidelines (ODG-TWC) Pain Procedure Summary it states that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. It also denied the request for Tramadol 150 mg #90 with DOS: 3/27/14. There was no documentation of the patient's pain in progress reports dated 2/10/14 and 3/10/14. The patient did not undergo surgery until 5/9/14 and a second request for Tramadol 150 mg #90 for DOS: 5/6/14 was approved for post-operative pain. It also denied a request for Terocin Patch #30 with DOS: 3/27/14. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of failed trials of these medications. It

also denied the request for Levofloxacin 750 mg #30 with DOS: 3/27/14. This was denied with the same rationale as the 5/6/14 request (i.e. not recommended other than for urological procedures).

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin 750mg #20 DOS: 05/06/2014: 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-TWC) Infectious Diseases Procedure Summary last updated 02/12/2014; Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition Authors: Gilbert, David MD, Moellering, Jr, Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD. Pages 192-196 Table 15B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Levaquin); <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127564/>.

Decision rationale: MTUS and ODG do not address this issue. However, there are duplicate requests for Levaquin as a pre-operative medication. A review of online resources indicates that Levaquin is not considered a first-line agent for any procedures other than urological procedures. It is unclear why it is being requested for carpal tunnel revision and trigger finger release. In addition, this request is for twenty tablets which would be a twenty day supply and thus exceeds any prophylactic treatment period. Therefore, the request for Levofloxacin 750 mg #20 was not medically necessary.

Cyclobenzaprine 7.5mg #120 DOS: 03/27/2014: Upheld

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

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, there is no clear documentation of an acute exacerbation of the patient's chronic pain. There is no evidence of acute muscle spasm. The guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. The guidelines do support the use of Cyclobenzaprine for a brief post-op course. However, this request is for 120 tablets which would exceed the post-op treatment course. Therefore, the request for Cyclobenzaprine 7.5 mg #120 was not medically necessary.

Ondansetron 8mg #60 DOS: 03/27/2014: 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-TWC) Pain Procedure Summary last updated 05/15/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ondansetron).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is documented that the patient is experiencing nausea associated with migraine headaches and ondansetron has been helpful in reducing the nausea. However, this is an as needed medication to be used only with migraine headaches and #60 is an excessive amount. Therefore, the request for Ondansetron 8 mg #60 was not medically necessary.

Tramadol 150mg #90 DOS: 03/27/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, this is a duplicate request. The UR decision certified the request for Tramadol 150 mg #90 DOS: 5/6/14. The patient did not have surgery until 5/2014. In addition, the #90 which were certified is an ample amount for post-op pain. Therefore, the request for Tramadol 150 mg #90 was not medically necessary.

Terocin Patch #30 DOS: 03/27/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: MTUS Chronic Pain Medical Treatment guidelines states that topical Lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there is no documentation of failure of first-line therapy. In addition, the area of treatment as well as duration for use and number of planned patches was not documented. Therefore, the request for Terocin Patch #30 was not medically necessary.

Levofloxacin 750mg #30 DOS: 03/27/2014: 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-TWC) Infectious Diseases Procedure Summary last updated 02/12/2014; Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition Authors: Gilbert, David MD, Moellering, Jr, Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD. Pages 192-196 Table 15B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Levaquin (FDA); <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127564/>.

Decision rationale: MTUS and ODG do not address this issue. However, there are duplicate requests for Levaquin as a pre-operative medication. A review of online resources indicates that Levaquin is not considered a first-line agent for any procedures other than urological procedures. It is unclear why it is being requested for carpal tunnel revision and trigger finger release. In addition, this request is for twenty tablets which would be a twenty day supply and thus exceeds any prophylactic treatment period. Therefore, the request for Levofloxacin 750 mg #30 was not medically necessary.