

Case Number:	CM14-0110141		
Date Assigned:	09/19/2014	Date of Injury:	12/05/2007
Decision Date:	10/21/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 60-year-old female who reported an injury on 12/05/2007 caused by an unspecified mechanism of injury. The injured worker's treatment history included MRI studies, ultrasound studies, and CT scans of the lumbar spine, surgery, and medications. The injured worker was evaluated on 06/02/2014 and it was documented that the injured worker complained of primarily low back pain that radiated into the lower extremities. The injured worker reported the pain level was 6/10 and was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks which caused her pain. The physical examination revealed palpable paravertebral muscle tenderness with spasm, seated nerve root test was positive, and standing flexion and extension were guarded and restricted. On 01/13/2014, the injured worker was authorized to receive a lumbar spine hardware removal with possible regrafting. The diagnoses included lumbosacral neuritis, right hip/pelvis. The Request for Authorization dated 06/17/2014 was for tramadol ER 150 mg, levofloxacin 750 mg, orphenadrine citrate, and omeprazole 20 mg, and Ondansetron 8 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. Given the above, Tramadol ER is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, the request for Tramadol ER 150 mg # 90 is not medically necessary.

Levofloxacin 750mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0010911?report=details>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Drugs .com

Decision rationale: Per Drugs.com is Levofloxacin is used in treating infections caused by certain bacteria. It is also used to prevent or treat anthrax or plague in certain patients. Levofloxacin is a quinolone antibiotic. It works by killing sensitive bacteria. It was documented that the injured worker had undergone a post- operative hardware removal on 01/13/2014. However, the recent progress reports do not legibly describe an upcoming surgical intervention necessitating the use of antibiotics. Furthermore, the documentation submitted failed to include that the surgery was performed on 01/13/2014. The request failed to include dosage and frequency of medication of levofloxacin. As such, the request for levofloxacin 750 mg quantity 30 is not medically necessary.

Orphenadrine Citrate Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Orphenadrine Norflex Page(s): 64-65.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Guidelines recommend no sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to

diminish over time, and prolonged use of some medications in this class may lead to dependency. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given 3 to 4 times a day. The documentation submitted for review failed to indicate how long the injured worker has been taking orphenadrine and outcome measurements while on the medication. Additionally, there are no conservative care measurements, such as long term functional goals for the injured worker. The request failed to indicate frequency and duration and dosage of medication. As such, the request for Orphenadrine Citrate quantity 120 is not medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did indicate that the injured worker was having gastrointestinal events. However, the request lacked the frequency and duration and quantity of the medication for the injured worker. Given the above, the request for Omeprazole 20 mg is not medically necessary.

Ondansetron 8mg:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines pain chapter

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The Official Disability Guidelines (ODG) do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. Side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastro paresis (primarily due to diabetes). Current research for treatment of

nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. The documents submitted does not warrant the need for the injured worker need Zofran ODT. The request submitted failed to indicate frequency and duration of medication. In addition, the documentation provided does not indicate the injured worker having a diagnosis of cancer or acute/postoperative therapy. As such, the request for Ondansetron 8 mg is not medically necessary.