

Case Number:	CM14-0123172		
Date Assigned:	08/08/2014	Date of Injury:	04/07/2010
Decision Date:	10/02/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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 patient is a 57-year-old male who has submitted a claim for cervicalgia associated with an industrial injury date of April 7, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain was characterized as dull. There was no radiation of pain into the upper extremities. There was no associated headache as well as tension between the shoulder blades. On a scale of 10, pain was at 5. Examination of the cervical spine revealed a well-healing incision. There was no sign of infection, wound dehiscence or drainage. Neurovascular status was grossly intact in the upper extremities. There was no neurologic deficit in the upper extremities. Treatment to date has included medications (diclofenac, orphenadrine, sumatriptan, ondansetron, omeprazole, quazepam, tramadol, Cidaflex, ketoprofen, Norco, levofloxacin, menthoderma gel, and terocin patch). Utilization review from July 9, 2014 denied the request for Omeprazole 20mg ODT, quantity 30, Ondansetron 8mg ODT, quantity 30, Orphenadrine citrate, quantity 120 and Levofloxacin 750mg, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg ODT, quantity 30.: 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 NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Therefore, the request for Omeprazole 20mg ODT, quantity 30 is not medically necessary.

Ondansetron 8mg ODT, quantity 30.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Antiemetics (for Opioid Use)

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

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (Pain, Antiemetics) was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the patient was prescribed Ondansetron 8mg ODT, quantity 30 for vomiting caused by headaches. The patient was not on cancer therapy, radiation therapy, or surgery. Ondansetron is not indicated in this case. Therefore, the request for Ondansetron 8mg ODT, quantity 30 is not medically necessary.

Orphenadrine citrate, quantity 120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) and Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the date by which the patient

started orphenadrine is not clear. However, the physical examination does not reveal any muscle spasm for which the medication may help. Moreover, the patient is already on NSAIDs. The request indicated that the medication would also help the patient sleep; however, there was no documentation that the patient had a problem with sleep. Therefore, the request for Orphenadrine citrate, quantity 120 is not medically necessary.

Levofloxacin 750mg, quantity 30.: 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 Other Medical Treatment Guideline or Medical Evidence: Physician's Desk Reference 2014, Levofloxacin

Decision rationale: The CA MTUS does not address levofloxacin specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician's Desk Reference 2014 was used. The Physician's Desk Reference 2014 states that Levofloxacin is an antibiotic used to treat a variety of infections. In this case, levofloxacin was requested for post-operative prophylaxis. The patient underwent some operation on May 16, 2014 (type not legible from the notes). It had been almost a month after the request was made. Examination of the cervical spine revealed a well-healing incision. There was no sign of infection, wound dehiscence or drainage. It is not clear when the medication was or will be given. Moreover, the treatment duration and dosing frequency was not mentioned in the request. Without this appropriate information, the need for levofloxacin is difficult to establish. Therefore, for now, the request for Levofloxacin 750mg, quantity 30 is not medically necessary.