

Case Number:	CM14-0129457		
Date Assigned:	08/18/2014	Date of Injury:	04/08/2009
Decision Date:	12/03/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 39 year old female who was injured on 4/8/2009. The diagnoses are lumbago, post cervical fusion syndrome, bilateral shoulder pain and failed back syndrome. The patient completed physical therapy, acupuncture, chiropractic treatments, cervical and caudal epidural injections. The past surgery history is significant for left shoulder surgery, cervical spine fusion, lumbar spine fusion and removal of hardware. The post- operative note from [REDACTED] was dated July 16, 2012. The procedure was post lumbar spine fusion dressing and wound care following L4 to S1 interbody fusion on 6/15/2012. The medications are Levofloxacin requested on 6/16/2012 to treat post- operative infection, Ondansetron for the prevention and treatment of nausea and Omeprazole for the prevention of medication induced stomach upset. A Utilization Review determination was rendered on 7/18/2014 recommending retrospective non-certification for Ondansetron 8 mg #30, Levofloxacin 750mg #30 and Omeprazole delayed release 20 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 7/16/12): Ondansetron ODT 8 mg #30 times 2 QTY #60:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and ODG guidelines recommend that the use of antiemetic's for the treatment of opioid induced nausea be limited to short term use. The opioid induced nausea and vomiting is self-limiting. There is only FDA and guidelines support for the use of Ondansetron for the treatment of chemotherapy induced nausea and vomiting and during the immediate perioperative period in the acute setting. The criteria for the request have not been met.

Retrospective request (DOS 7/16/12): Omeprazole Delayed Release 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications. The records did not indicate that the patient was utilizing NSAIDs or that the patient had a high risk factor of gastrointestinal disease. The criteria for the request have not been met.

Retrospective request (DOS 7/16/12): Levofloxacin 750 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS did not address the use of post-operative antibiotics for the prevention and treatment of wound infection. The ODG guidelines recommend that antibiotics prophylaxis should be utilized for the prevention and treatment of infection after intervention or surgical procedures on the spine. The choice of antibiotics would depend on several factors including wound culture, patient allergy history, hospital infection panel etc. The criteria for the request were met.