

<b>Case Number:</b>	CM14-0152025		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Family Practice 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 sustained a work related injury on January 13, 2012. The exact mechanism of the work related injury was not included in the documentation supplied. The Primary Treating Physician's report dated July 1, 2013, noted the injured worker was being seen for an orthopedic preoperative evaluation prior to surgical intervention of left carpal and cubital tunnel releases scheduled for July 12, 2013. The injured worker had been diagnosed with double crush syndrome with continued symptomology in the upper extremities, chronic headaches, tension between the shoulder blades, and migraines. The physician noted the symptomology of the cervical spine, bilateral shoulders, lumbar spine, bilateral hips, and bilateral ankles had not significantly changed. The physician listed the diagnoses as electrodiagnostic evidence of bilateral carpal tunnel syndrome, cervical/lumbar discopathy, bilateral shoulder internal derangement, bilateral cubital tunnel syndrome, double crush syndrome, bilateral knee internal derangement, and status posts carpal tunnel; release, right total hip arthroplasty, one left knee surgery, and two right knee surgeries. The injured worker was noted to be temporarily totally disabled at that time. The documentation supplied did not include any additional medical reports. The Primary Treating Physician requested approval for Naproxen, Medrox ointment, Omeprazole, Ondansetron, Tramadol, Levofloxacin, and Cyclobenzaprine on August 18, 2014. On August 22, 2014, Utilization Review evaluated the request for Naproxen Sodium 550mg #120, Omeprazole Delayed Release 20mg #120, Ondansetron ODT 8mg #60, Cyclobenzaprine Hydrochloride 7.5mg #120, Medrox Pain Relief Ointment 120gms times 2, Levofloxacin 750mg #30, and Tramadol Hydrochloride ER 150mg #90, citing MTUS Chronic Pain Medical Treatment Guidelines and Mosby's Drug Consult. The UR Physician noted the injured worker had been diagnosed with double crush syndrome, chronic headaches, tension between the shoulder blades, and migraines, which supported medical necessity of the Naproxen,

therefore Naproxen certification was recommended. The UR Physician noted that since the injured worker had been using a non-steroidal anti-inflammatory drug the medical necessity of the Omeprazole was established with certification recommended. The Physician noted that there had been no documentation of ongoing complaints of nausea and vomiting, therefore non-certification was recommended for the Ondansetron. The Cyclobenzaprine was recommended as non-certified by the UR Physician as the medication was recommended for a short course of therapy and not recommended for long term use. The medical necessity was noted by the UR Physician to be supported to address the postoperative pain complaint, therefore the Tramadol was recommended to be certified. Levofloxacin was noted to be non-certified due to the standard of care of no perioperative antibiotic prophylaxis in an uncomplicated outpatient case with little risk. The UR Physician noted that there was no documentation that the injured worker had been intolerant or unresponsive to other treatments, or that the oral pain medications were insufficient to alleviate pain symptoms, therefore non-certification was recommended for Medrox Pain Relief Ointment. The non-certification decisions were subsequently appealed to Independent Medical Review.

### **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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- 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) anti-emetics

**Decision rationale:** According to the Official Disability Guidelines (ODG) guidelines, anti-emetics are not recommended for nausea or vomiting secondary to opioid use. Ondansetron is approved for nausea due to chemotherapy or post-operative use. The claimant did not have the above diagnoses or clinical indications. The Ondansetron is not medically necessary.

#### **Medrox Pain Relief Oint 120gm X2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The uses of compounded agents have very little to no research to support their use. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that

contains a medication that is not indicated is not indicated. Therefore Medrox is not medically necessary.

**Levofloxacin 750mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

**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: IDSA and National Guidelines -2014for Antibiotic Prophylaxis

**Decision rationale:** Although antibiotics are appropriate for prophylaxis around the peri-surgical timeframe, they are not required for a month post-operatively for low risk procedures. In this case, there was no mention of a complicated surgical procedure that required prolonged antibiotics. The 30 days of Levofloxacin was not medically necessary.

**Cyclobenzoprine Hydrochloride 7.5mg #120:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines , cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. The use of cyclobenzaprine in high frequency for over a month exceeds the amount recommended by the guidelines. Continued use is not medically necessary.