

Case Number:	CM14-0156238		
Date Assigned:	10/28/2014	Date of Injury:	08/12/2012
Decision Date:	12/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal 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 (IW) is a 57-year-old man with a date of injury of August 12, 2014. During the course of employment, the Injured Worker (IW) was investigating a tanker fire. As he was underneath the tanker, he experienced a stabbing pain in his lower back. The injury was logged and the IW completed his work shift. Subsequently, his pain subsided a bit. However, on September 18, 2012, his symptoms became severe and he developed numbness in his left leg. Pursuant to the progress note dated September 24, 2012, the IW presented with complaints of constant pain in the low back that radiates down the left lower extremity. The pain is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking. There is paresthesia in the left lower extremity. Physical examination to the lumbar spine reveals pain and tenderness in the mid to distal lumbar segments. Standing flexion and extension are guarded and restricted. Radicular pain component in the lower extremities is noted, the left side more pronounced than on the right. This appears to be in the L4-L5 and L5-S1 roots and dermatomes with some generalized weakness. Radiographic examination of the lumbar spine dated September 24, 2014 revealed disc space height collapse of L4-L5 with bone erosion. There was also disc space disc collapse of L5-S1. The IW was diagnosed with lumbar discopathy. Medication prescribed at the September 24, 2012 visit included: Naproxen sodium 550mg, Cyclobenzaprine 7.5mg, Cidaflex, Ondasetron ODT 8mg to be taken for nausea, Omeprazole Delayed-Release 20mg to be taken to prevent any GI complications from taking the prescribed medications, and Medrox ointment. The IW followed-up with the primary treating physician on December 10, 2012. The progress note indicated that the IW continues to have symptomatology in the lumbar spine and wished to proceed with the recommended surgery of posterior lumbar interbody fusion at L4-L5 and L5-S1. The IW states that he is having progressive neurologic deficit with giving way of his leg that has significantly worsened since his last visit. Objective findings of the lumbar spine reveal pain

and tenderness right across the iliac crest into the lumbosacral spine. Standing flexion and extension are guarded and restricted. There is generalized weakness in the bilateral lower extremities. The IW has a component of foot drop. There is defines weakness in his knees. Absent Achilles reflex is noted. The IW has a past medical history of borderline hypertension and myocardial infarction in 2007. There is no documentation that the IW has a history of headaches or migraines in the medical record. MRI of the lumbar spine dated October 23, 2012 indicated: Multilevel changes: L4-L5: 3-4 mm posterior disc protrusion and 3-4 mm anterior disc protrusion/osteophyte formation complex. There is exiting and traversing nerve root compromise bilaterally. L5-S1: 3 mm posterior disc protrusion. There is annular tear/fissure. There is exiting nerve root compromise bilaterally. Electrodiagnostic studies of the bilateral lower extremities dated October 24, 2012 revealed: No evidence of entrapment neuropathy was seen in the lower extremities. Electromyographic indicators of acute lumbar radiculopathy were not seen. Pre-Operative and post-operative medications were provided including: Levofloxacin 750mg, Hydrocodone/APAP 10/325mg, Cyclobenzaprine 7.5mg, Sumatriptan Succinate 25mg Ondansetron ODT 8mg, Omeprazole Delayed Release 20mg, and Medrox ointment. Documentation indicated that the requested medications provide for temporary symptomatic relief and allow him to function on a daily basis and perform his activities of daily living. The duration of time he will require these medications will be determined based upon the injured worker's response to the medications and treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120 DOS 12/10/12: 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): 64-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter; Cyclobenzaprine

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #120 (date of service December 10, 2012) is not medically necessary. The guidelines state non-sedating muscle relaxes are indicated for short-term treatment of acute exacerbations in patients with low back pain. ODG recommends muscle relaxants for short-term use, duration usually less than two weeks for treatment of acute exacerbations of low back pain. Cyclobenzaprine is recommended for short course of therapy. In this case, there is documentation of pain in the medical record. Additionally the injured worker was receiving prescriptions for cyclobenzaprine prior to the December 10, 2012 visit. The first entry of cyclobenzaprine was noted in a progress note dated September 24, 2012. This medication is not recommended for long-term use. Furthermore, the treating physician did not document indications for prolonged use. Consequently, Cyclobenzaprine is not indicated. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, Cyclobenzaprine 7.5 mg #120 (date of service December 10, 2012 is not medically necessary.

Sumatriptan Succinate 25mg #9 times two 12/10/12: 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)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Sumatriptan succinate 25 mg #92 refills (date of service December 10, 2012) is not medically necessary. All oral triptans are effective and well tolerated. They are recommended and indicated for migraine sufferers. In this case, the medical documentation did not reflect any evidence of headache complained of by the injured worker. Consequently, Sumatriptan is not indicated. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, Sumatriptan succinate 25 mg #92 refills (date of service December 10, 2012) is not medically necessary.

Ondansetron ODT tablets 8mg #30 times two 12/10/12: 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)

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: Pursuant to the Official Disability Guidelines, Ondansetron (Zofran) 8 mg #302 refills (date of service December 10, 2012) is not medically necessary. The guidelines state Zofran is not recommended for nausea and vomiting secondary to chronic opiate use. It is FDA approved for post-operative use. In this case, the injured worker was scheduled for a lumbar spine stabilization and decompression to be performed on December 14, 2014. The Zofran was written for the injured worker to take postoperatively, as needed for nausea and vomiting. While the Zofran is indicated in the short term for the lumbar spine stabilization and decompression, the two refills are not medically necessary. A review of the record shows the injured worker has been taking Zofran for many months. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Zofran 8 mg #30 with two refills (date of service December 10, 2012) is not medically necessary.

Omeprazole delayed release capsules 20mg #120, DOS 12/10/12: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms and Cardiovascular Risk Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAID, GI Symptoms and Cardiovascular Risk

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole delayed release capsules 20 mg #120 (date of service December 10, 2012) is not medically necessary. The guidelines state proton pump inhibitors are recommended for patients at risk for Gastrointestinal (GI) issues/events such as peptic ulcerative disease, G.I. bleeding, concurrent aspirin use and multiple and or high-dose steroid use. In this case, the injured worker's past medical history was not indicative for peptic disease, symptomatic gastroesophageal reflux disease or any other G.I. related event. There was no documentation indicating active nonsteroidal anti-inflammatory drug use in addition to gastrointestinal complaints. Consequently, the injured worker was not at intermediate or high risk for G.I. related events. Anti-inflammatory drugs may be taken without proton pump inhibitors if the patient is at low risk. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole delayed release capsules 20 mg #120 (date of service December 10, 2012) are not medically necessary and appropriate.

Medrox pain relief ointment 120gm times two DOS 12/10/12: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical analgesics

Decision rationale: Pursuant to the Official Disability Guidelines, Medrox pain relief ointment 120 g with two refills (date of service December 10, 2012) is not medically necessary. Medrox contains methyl salicylate, Capsaisin and Menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaisin is recommended only as an option in patients who are intolerant to other treatments or have not responded to other treatments. Menthol (according to the ODG) is not recommended. In this case, Medrox was prescribed. Menthol is not recommended. Any compounded product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, Medrox is not recommended. Additionally there is no evidence that oral pain medicines are insufficient in alleviating the injured worker's pain symptoms. Also, there is no documentation that the injured worker has been intolerant or unresponsive to all of the treatments. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Medrox pain relief ointment 120 g with two refills (date of service December 10, 2012) is not medically necessary.

Levofloxacin 750 mg #30, DOS 12/10/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby 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: Levaquin <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697040.html#why>

Decision rationale: Pursuant to Medline plus, Levaquin (see attached link) is not medically necessary. Levaquin is a broad spectrum antibiotic indicated for treatment of pneumonia, chronic bronchitis, urinary tract, kidney, prostate and skin infections. In this case, the injured worker was approved for surgery. The standard for perioperative antibiotic prophylaxis and uncomplicated cases is 24 hours. For outpatient surgery with little risk to the injured worker, no antibiotic is required. Consequently Levaquin 750 mg #30 (date of service December 10, 2012) is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Levaquin 750mg #30 (date of service December 10, 2012) is not medically necessary.