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| Case Number: | CM14-0021436 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 01/26/2011 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 01/23/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 Nevada. 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 records presented for review indicate this 58-year-old gentleman was reportedly injured on January 26, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 20, 2014, stated the injured employee is now status post bilateral carpal tunnel release and has complaints of low back pain as well as left shoulder pain. The physical examination on this date noted tenderness to the lumbosacral spine along with lumbar spasms and limited lumbar range of motion. There was a diagnosis of status post carpal tunnel release surgery and shoulder pain. It was recommended that the injured employee continue a home exercise program, finish physical therapy and follow up with another physician regarding the left shoulder. Medications were refilled and were stated to be helping. A request had been made for Prilosec, levofloxacin, and Zofran and was denied on January 23, 2014. There was partial certification for Flexeril and certification for Tramadol and Quazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DELAYED RELEASE (PRILOSEC) 20MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitor medications, such as Prilosec, are indicated for gastrointestinal symptoms secondary to non-steroidal anti-inflammatory medications (NSAID) usage. The medical record does not contain any documentation of continued NSAID usage or any complaints of gastrointestinal upset. For these reasons, this request for Prilosec is not medically necessary.

ONDANSETRON (ZOFTRAN) 8MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic), Antiemetics (for opioid nausea).

Decision rationale: Zofran is an anti-nausea medication. According to the Official Disability Guidelines, antiemetic medications, such as Zofran, are not indicated to nausea and vomiting secondary to chronic opioid usage. Research shows that such side effects diminish with continued opioid usage over time. For this reason, this request for Zofran 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 Sanford Guide to Antimicrobial Therapy.

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

Decision rationale: It is unclear from the medical records provided why there is a request for an antibiotic medication such as levofloxacin. According to the Official Disability Guidelines, the usage of levofloxacin is recommended as first-line treatment for osteomyelitis, chronic bronchitis and pneumonia. There has been no indication in the attached medical record why this medication is needed, and the injured employee has no signs and symptoms of infection from the most recent carpal tunnel surgery. For this reason, this request for levofloxacin is not medically necessary.

CYCLOBENZAPRINE (FLEXERIL) 7.5MG, #120: Overturned

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

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

Decision rationale: According to the Official Disability Guidelines, the usage of Flexeril is recommended as an option, using a short course of therapy for those individuals experiencing acute exacerbations of chronic low back pain. The most recent medical record does indicate that the injured employee is currently experiencing muscle spasms of the lumbar spine. The use of Flexeril is medically necessary.