

<b>Case Number:</b>	CM14-0022337		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/07/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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, has a subspecialty in Interventional Spine, 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 50 year-old male who was injured on 7/12/10. He has been diagnosed with status post hardware removal in the left ulnar with cubital tunnel release as of 3/2/12, status post left elbow open-reduction and internal-fixation, left shoulder RC tear, left carpal tunnel syndrome per EMG/NCV, and right elbow and wrist pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550MG, #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 8-9.

**Decision rationale:** The MTUS recommends anti-inflammatory medications as first line treatment, but the MTUS also states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. There is no discussion of efficacy of Naproxen on the medical report provided for review, and the MTUS does not recommend

continued treatment if it is not producing a satisfactory response. As such, the request is not medically necessary.

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The 1/7/14 report does not mention Cyclobenzaprine use or efficacy. The MTUS states that Cyclobenzaprine is not recommended for use over three weeks; the usual dose is three times a day. The request is for Cyclobenzaprine #120. At three times a day this would be a 40 day supply, which would exceed the MTUS recommendation for three week usage. As such, the request is not medically necessary.

**ONDANSETRON ODT 8MG, #30 WITH 2 REFILLS: 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The available report from [REDACTED] does not provide a rationale for this medication. There are no subjective complaints of nausea or vomiting. The Official Disability Guidelines (ODG) state that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. The medical records provided for review do not document any indications for use of Ondansetron. As such, the request is not medically necessary.

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

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

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

**Decision rationale:** The available report does not discuss efficacy of Omeprazole, nor does it provide a rationale. There is no discussion of any of the GI risk factors listed in MTUS that could potentially allow for use on a prophylactic basis. As such, the request is not medically necessary.

**TRAMADOL HYDROCHLORIDE ER 150MG, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** The MTUS states that Tramadol is not recommended as a first line oral analgesic. The MTUS also states that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. There is no mention of outcome of first line therapy. There is no discussion of efficacy of Tramadol on the medical records provided for review, and MTUS does not recommend continued treatment if it is not producing a satisfactory response. As such, the request is not medically necessary.

**LEVOFLOXACIN 750MG, #30 FOR POST-OPERATIVE INFECTION:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LC4610.5(2).

**Decision rationale:** The patient presents with pain in both upper extremities. He has had several surgeries on the left upper extremity including open-reduction and internal-fixation at the elbow, with post-operative infection, cultured to be Enterobacter with sensitivity to Levofloxacin. The report from [REDACTED] discusses the postoperative infection, and culture and sensitivity results. The use of Levofloxacin for the Enterobacter infection appears to be within the generally accepted standards of medical practice. As such, the request is medically necessary.