MAXIMUS Federal Services

Case Number:	CM14-0032141		
Date Assigned:	06/20/2014	Date of Injury:	09/27/2003
Decision Date:	08/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 is 43-year-old who reported an injury on September 27, 2003. The mechanism of injury was not provided. The diagnoses included status post C5-C6 anterior cervical discectomy and fusion, retained symptomatic cervical hardware, lumbar discopathy, status post left knee arthroscopy and right knee pain secondary to altered gait. Prior treatment included multiple injections. There was no DWC Form, RFA, nor PR2s submitted with the requested date of service, April 9, 2012. The clinical documentation started in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8mg sixty count provided on April 9, 2012: 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), Pain (Chronic) Chapter, Antimemetics (for opioid nausea).

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, Ondansetron.

Decision rationale: The Official Disability Guidelines do not recommend ondansetron for nausea and vomiting secondary to chronic opioid use. There was a lack of documented rationale

for the requested medication. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. There was no DWC Form, RFA, nor PR2 submitted for review with the requested medication. Given the above, the retrospective request for 1 prescription of ondansetron ODT 8mg sixty countprovided on April 9, 2012 is not medically necessary or appropriate.

Omeprazole 20mg, 120 count provided on April 9, 2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines,recommend PPIs (proton pump inhibitors) for the treatment of dyspepsia secondary to NSAID (non-steroidal anti-inflammatory drugs) therapy. There was no DWC Form, RFA, nor PR2 submitted for the requested date of service. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the retrospective request for Omeprazole 20mg, 120 count provided on April 9, 2012 is not medically necessary or appropriate.

Medrox Ointment 120gm, quantity of two, provided on April 9, 2012: 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 Salicylate, page 105, Topical Analgesic, page 111, Topical Capsaicin, page 28 Page(s): 111, 28.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. There was no DWC Form, RFA, nor PR2 submitted for review. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for Medrox

ointment 120gm, quantity of two, provided on April 9, 2012 is not medically necessary or appropriate.

Naproxen Sodium 550mg, 100 count provided on April 9, 2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend NSAIDs for the short term symptomatic treatment of low back pain. There was no DWC Form, RFA, nor PR2 submitted for review. The request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established. Given the above, the retrospective request for naproxen sodium 550mg, 100 count provided on April 9, 2012 is not medically necessary or appropriate.

Hydrocodone Bitartrate/Aceta 10/325mg, ninety count provided on April 9, 2012: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78 Page(s): 60, 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates as a treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. There was no DWC Form, RFA, nor PR2 submitted for review. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for Hydrocodone Bitartrate/Aceta 10/325mg, ninety count provided on April 9, 2012 is not medically necessary or appropriate.

Sumatriptan Succinate 25mg, eighteen count provided on April 9, 2012: 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), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head Chapter, Triptans.

Decision rationale: The Official Disability Guidelines recommend triptans for the treatment of migraine headaches. There was a lack of DWC Form, RFA, and PR2 to support the necessity for the requested treatment. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Sumatriptan succinate 25mg, eighteen countprovided on April 9, 2012 is not medically necessary or appropriate.

Levofloxacin 750mg, twenty count provided on April 9, 2012: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, et al, Clinical Practice Guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70(3):195-283.

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

Decision rationale: The Official Disability Guidelines recommend levofloxacin as a first line treatment for osteomyelitis, chronic bronchitis, and pneumonia. There was no DWC Form or RFA with a documented rationale for the usage of this medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for Levofloxacin 750mg, twenty count provided on April 9, 2012 is not medically necessary or appropriate.