

<b>Case Number:</b>	CM14-0035911		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 54 year old male with a work injury to the right shoulder on 11-14-12. The claimant is currently being managed with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride tablets 7.5 mg. #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity/Antispasmodics Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment & Workman's Compensation: Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - muscle relaxants

**Decision rationale:** Chronic Pain Medial Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. It is noted that these medications are recommended as a second line option for short term treatment. Based on the records provided, the medical necessity of this request is not established.

**Ondansetron tablets (oral disintegrating tablets-ODT) 8 mg. #30 times two (2): 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)- Treatment & Workman's Compensation: Pain

**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: US National Library of Medicine - Ondasentron

**Decision rationale:** US National Library of Medicine notes that Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. Ondansetron is in a class of medications called serotonin 5-HT<sub>3</sub> receptor antagonists. It works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. There is an absence in the records provided noting that this claimant has nausea or vomiting secondary to cancer chemotherapy, radiation therapy, and surgery. Therefore, the medical necessity of this request is not established as medically indicated.

**Omeprazole Delayed Release Capsules 20 mg. # 120: Upheld**

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

**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: US National Library of Medicine - Omeprazole

**Decision rationale:** US National Library of Medicine reflects that prescription omeprazole is used to treat the symptoms of GERD, allow the esophagus to heal, and prevent further damage to the esophagus. There is an absence in documentation noting that this claimant has any of the conditions that would be indicated for the use of this medication. Therefore, the medical necessity of this request is not established.

**Levofloxacin tablets 750 mg. # 30: 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)- Treatment & Workman's Compensation: Infectious Disease 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) Infectious disease chapter. Levofloxacin

**Decision rationale:** ODG reflects that Levofloxacin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. There is an absence in documentation noting

that this claimant has any of the conditions that would be indicated for the use of this medication. Therefore, the medical necessity of this request is not established.