

Case Number:	CM14-0038860		
Date Assigned:	06/27/2014	Date of Injury:	01/20/1975
Decision Date:	09/24/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 a 39 year old male presenting with chronic pain following a work related injury on 11/24/2011. The patient was diagnosed with cervical discopathy with radiculitis, left impingement syndrome with acromioclavicular joint arthropathy/arthrosis, lumbar discopathy with radiculitis, and right upper extremity sprain/strain. According to the medical records, the injured worker remains temporarily totally disabled. A claim was made for multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole delayed-release capsules 20mg #120: 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): 67.

Decision rationale: Long term use of proton pump inhibitors (PPIs), or misoprostol, or Cox-2 selective agents have been shown to increase the risk of hip fractures. MTUS Guidelines do state that NSAIDs are not recommended for long term use, and if there are possible GI effects another agent should be used. There is no documentation of gastrointestinal disorder requiring a PPI, or NSAID associated gastrointestinal disorder. As such, the request is not medically necessary.

Ondansetron ODT tablets 8mg #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) Pair procedure summary, Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

Decision rationale: The Official Disability Guidelines indicate that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Additionally, continuous long-term treatment by an anti-emetic is not recommended. The medical records do not document the length of time the patient has been on Ondansetron. With long term use in this case, the requested medication is not medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 64.

Decision rationale: The peer-reviewed medical literature does not support long-term use of Cyclobenzaprine in chronic pain management. Additionally, per MTUS Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As per MTUS, the addition of Cyclobenzaprine to other agents is not recommended. In this case, Cyclobenzaprine was prescribed for long term use and in combination with other medications. As such, the request is not medically necessary.

Medrox pain relief ointment 120 gram x 2: 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): 111-112.

Decision rationale: Topical analgesics are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended for use. Additionally, MTUS Guidelines state that topical analgesics, such as Capsaicin, are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Topical

analgesics for non-neuropathic pain are not recommended. The injured worker was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. There is little evidence to support the use of topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, the medication is not medically necessary.

Levofloxacin tablets 750mg #20: 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 2013, 43rd edition Authors: Gilbert, David MD, Moellering, Jr, Robert MD Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD, Pages 192-196 table 15B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

Decision rationale: According to the Physician's Desk Reference, Levofloxacin is an antibiotic indicated in the treatment of bacterial infection. There is a lack of documentation that this medication is being used as an antibiotic to treat an infection; therefore, the requested medication is not medically necessary.