MAXIMUS Federal Services

Case Number:	CM14-0043483		
Date Assigned:	07/02/2014	Date of Injury:	08/12/2012
Decision Date:	09/11/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/10/2014

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 Preventive Medicine, and has a subspecialty in Occupational Medicine 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:

The injured worker is a 57 year old male who is being treated for Cervicalgia and Lumbago due to an injury he sustained at work on 08/12/2012. He was approved for Cyclobenzapyrine, Levofloxacin and Omeprazole on 01/23/2014. The Omeprazole was certified because the worker had experienced dyspespsia while taking non-steroidal anti-inflammatory drug; he was certified for Levofloxacin for prevention of infection, as he was about having back surgery. However, the requests for Ondansetron, and Terocin patch were denied. On 03/04/2014, the injured worker was prescribed Cyclobenzaprine Hydrochloride tablets 7.5mg #120 DOS; Ondansetron ODT tablets 7.5mg #60 DOS ; Omeprazole Delayed Release Capsules 20mg #120 DOS; Tramadol Hydrochloride ER 150mg #90 DOS; Terocin Patch #10 DOS; and Levofloxacin 750mg #30. Then on 06/12/2014, his treating orthospine specilaist wrote that the Ordansetron was for headaches resulting from neck pain; Omeprazole for anticipated Gastroeintestinal symptoms resulting from recently prescribed Non-Steroidal Anti-inflammatory drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride tablets 7.5mg #120 DOS 03/04/2014: 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: Non sedating muscle relaxants are recommended as second line agents for a short period in the treatment of acute excercebations of low back pain. It isalso recommended post-operatively.The recommended dose and duration of Cyclobenzaprine (Flexeril) is 5-10mg orally for 2-3 weeks. Cyclobenzaprine has a maximum effect within the first four days; the MTUS recommends they should not be used for more than two to three weeks to limit the risk of side effects and tolerance.

Ondansetron ODT tablets 7.5mg #60 DOS 03/04/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < (Pain (Chronic) >, < Antiemetics (for opioid nausea>.

Decision rationale: The Ondansetron is used in the treatment of Nausea/Vomiting related to chemotherapy or prevention of nausea and vomiting following surgery, or following radiotharpy. Also, it s recommended the acute treatment of nausea or vomiting due to the acute use of opioids. The Official Disability Guidelines recommedns against its use in controlling nausea and voimiting in chronic use of opioids, because nausea and vomiting resolve within few days and weeks in such cases; therefore, the guidelines recommend reconsideration of the diagnosis for such things like gastroperiesis in a diabetic or cancer, if the nausea and vomiting persist.Furthermore, Neither the MTUS, nor the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) online version, 08/12/2014, recommend ondansetron for the treatment of Lumbago, cervicalgia or chronic pain beyond a few days in a patient on opioids. Therefore, ondansetron is not medically necessary in this case.

Omeprazolese delayed release capsules 20mg #120 DOS 03/04/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Proton Pump Inhibitors (PPI`s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs, NSAIDS GI symptoms and Cardiovascular Risks Page(s): 68-69.

Decision rationale: The MTUS recommends Omeprazole and other proton pump inhibitors for the treatment of gastrointestinal complications Non-steroidal drugs. However, although the injured worker had dyspepsia in the past while on NSAIDS, the records reviewed did not

indicate the worker had ongoing gastrointestinal complications of NSAIDS, nor was the worker on NSAIDS at the time the request was made.

Tramadol hydrochloride ER 150mg #90 DOS 03/04/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS recommends opioids should not be started until the individual has been unsuccessfully treated with non-opioids. Furthermore the MTUS mandates that certain protocols be set in place before trial of opioids. The documents reviewed did not indicate these measures have been set in place, like having the individual set goals, obtaining opioids agreement, documenting strategies for weaning.

Terocin Patch #10 DOS 03/04/2014: 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): 111-113.

Decision rationale: Terocin is a compounded topical analgesic with the active ingredients: Methyl, Salicylate 25%; Capsaicin 0.025%; Menthol 10%, and Lidocaine 2.50%.The MTUS recognizes the topical analgesics as experimental drugs recommended as second line agents in the treatment of neuropathic pain not responding to antidepresseants or anticonvulsants. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.Terocin is not medically necessary because the pain of Lumbago and Cervicalgia is not neuropathic. It is not medically necessary because it contains the non-recommended compound menthol.

Levofloxacin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby`s Drug Consult (last update 11/25/2011) Levofloxacin.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Levofloxacin is an antibiotic used in the treatment several bacterial conditions; It is also used as a prophylaxis against infection when there is a consideration of serious infection after surgery. Although Levofloxacin might be used as a prophylaxis following neck or back surgery, it is not used in the treatment of Lumbago or Cervicalgia as is requested in

the application reviewed. Since there is no diagnosis provided that explains what the Levofloxacin is to be used for, it is not possible to determine the appropriate guidelines to use.