

<b>Case Number:</b>	CM14-0051116		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Orthopedic Surgery 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:

This is a 49-year-old female with a 1/6/10 date of injury. The injury occurred in the course of her usual work duties. According to a progress note dated 2/18/14, the patient is status post lumbar reconstruction surgery performed on 2/1/14. She reported significant improvement in her overall symptomatology and had no further radicular pain component in the lower extremities. Objective findings: cellulitis and erythema around the surgical staple sites, no calf tenderness, neurovascular status grossly intact in lower extremities. Diagnostic impression: status post L4 to S1 posterior lumbar interbody fusion. Treatment to date: medication management, activity modification, physical therapy, ESI, surgery. A UR decision dated 3/21/14 modified the request for Cyclobenzaprine from 120 tablets to 20 tablets for weaning purposes and denied the requests for Ondansetron, Levofloxacin, and Terocin patch. Regarding Cyclobenzaprine, the claimant is almost two months status post lumbosacral spine surgery with complaints of pain and discomfort. However, there is no documentation of muscle spasm, tightness, and stiffness. There is no clear rationale for use of a muscle relaxant post-operatively. Regarding Ondansetron, the claimant is almost two months status post lumbosacral spine surgery with complaints of pain and discomfort. However, the claimant denies any nausea and vomiting. Regarding Levofloxacin, there was no evidence of infection post-operatively, so medical necessity of Levofloxacin is not established. Regarding Terocin patch, the report provided does not indicate failed trials of first-line recommendations of oral antidepressants and anticonvulsants. There is no documentation that oral pain medications are insufficient to manage symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5 mg #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 Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment 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. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. There is no documentation that the patient is suffering from muscle spasms. A specific rationale describing why Cyclobenzaprine is indicated for this patient was not provided. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5 mg #120 was not medically necessary.

**Ondansetron ODT tablets 8 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC 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: FDA (Ondansetron).

**Decision rationale:** CA MTUS and ODG do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. The patient is status post lumbar reconstruction surgery performed on 2/1/14. However, there is no documentation that the patient is experiencing nausea and/or vomiting. There was no rationale provided as to why the patient needs this medication at this time. Therefore, the request for Ondansetron ODT tablets 8 mg #60 was not medically necessary.

**Levofloxacin 750 mg #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.

**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: FDA (Levaquin).

**Decision rationale:** CA MTUS and ODG do not address this issue. According to the FDA, Levaquin (levofloxacin) is in a group of antibiotics called fluoroquinolones. Levaquin is used to treat bacterial infections of the skin, sinuses, kidneys, bladder, or prostate. Levaquin is also used to treat bacterial infections that cause bronchitis or pneumonia, and to treat people who have been exposed to anthrax or plague. Although the patient is noted to have some cellulitis around the patient's surgical site, Levaquin is only indicated for a 7-14 day treatment course for skin and skin structure infections. There was no rationale provided as to why the patient would require a 30-day supply of this medication. Therefore, the request for Levofloxacin 750 mg #30 was not medically necessary.

**Terocin patch #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

**Decision rationale:** MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation that the patient has a neuropathic component to her pain. In fact, in a progress note dated 2/18/14, the patient reported that she had no further radicular pain component in her lower extremities. In addition, there is no documentation that the patient has ever been on a first-line agent. Furthermore, there is no documentation as to where the patch is to be applied, how often, or the duration the patch will be left on. Therefore, the request for Terocin patch #10 was not medically necessary.