

<b>Case Number:</b>	CM14-0061821		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 33 year old male who sustained an industrial injury on 09/12/2012. The mechanism of injury was not provided for review. His diagnosis is low back pain with radiculopathy. On physical exam there is numbness and weakness in the L5 and S1 dermatomes bilaterally with positive straight leg raise and bowstring bilaterally. An anterior lumbar discectomy and fusion L4-5 and L5-S1 was scheduled for 04/08/2014. The treating provider requested Bactroban Mupirocin 60 ml, Methoderm ointment 120ml, and Zofran 8mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective Bactroban (Mupirocin) 60ml dispensed 3/24/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mupirocin <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011301/?report=details>.

**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: Medscape Internal Medicine 2013: Mupirocin Indications.

**Decision rationale:** Mupirocin is used as a topical treatment for bacterial skin infections, for example, furuncle, impetigo open wounds, etc. It is also useful in the treatment of methicillin-

resistant staphylococcus aureus(MRSA), which is a significant cause of death in hospitalized patients having received systemic antibiotic therapy. It is suggested, however, that Mupirocin cannot be used for extended periods of time, or indiscriminately, as resistance does develop, and could, if it becomes widespread, destroy Mupirocin's value as a treatment for MRSA. It may also result in overgrowth of non-susceptible organisms. There is no documented skin infection present. Medical necessity for the requested item has not been established. The requested is not medically necessary.

**Retrospective Mentherm ointment 120ml dispensed 3/24/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 Page(s): 111.

**Decision rationale:** Per California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports them as a treatment option for hip, spine or shoulder conditions. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. There is no indication for use of this medication in neuropathic pain conditions. Medical necessity for the requested Mentherm ointment has not been established. The requested medication is not medically necessary.

**Retrospective Zofran (Ondanset), 8mg dispensed 3/24/14: 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 Chapter, Ondansetron (Zofran)- Anti emetics for opioid nausea.

**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: Medscape Internal Medicine 2013: Indications for Zofran usage.

**Decision rationale:** There was no indication for Zofran use. Guidelines indicate Zofran is used in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen because of nausea and vomiting associated with highly emetogenic cancer chemotherapy. The medical records provided did not document the patient experiencing nausea or was there a diagnosis provided that would support the need for an antiemetic due to an increased risk of postoperative nausea or vomiting. Routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. Medical necessity for the requested item was not established. The requested item is not medically necessary.