

Case Number:	CM14-0069126		
Date Assigned:	07/14/2014	Date of Injury:	03/08/2001
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 Tennessee. 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 patient is a 59-year-old female who has submitted a claim for bilateral carpal tunnel syndrome status post associated with an industrial injury date of March 8, 2001. Medical records from 2013 to 2014 were reviewed. The patient is status post left carpal tunnel release on February 6, 2014, and is scheduled for right carpal tunnel release. Physical examination showed well-healed left wrist; limitation of motion of the wrist; positive Phalen's and Flick test; and sensory deficit, median nerve. The diagnoses were chronic lateral humeral epicondylitis, right elbow; bilateral carpal tunnel syndrome; chronic recurrent tendinitis, both wrists and thumbs; chronic recurrent wrist/thumbs sprain/strain; and status post left wrist-thumb resection arthroplasty. Medications requested include Lorazepam for treatment of sleep from pain, depression or anxiety; Ondansetron for treatment of nausea from surgery or other oral medications; and Levofloxacin as antimicrobial. Treatment to date has included oral analgesics, postoperative physical therapy, and left carpal tunnel release. Utilization review from May 6, 2014 denied the request for 1 prescription for Lorazepam 2mg #30 because recent subjective and objective findings showed no clinical evidence of insomnia or depression/anxiety; 1 prescription for Levofloxacin 500mg #14 due to no clinical evidence of infection; and 1 prescription for Ondansetron 4mg #30 because there was no indication of recent surgery, radiotherapy, or chemotherapy, and nausea or vomiting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines' range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, Lorazepam was prescribed for treatment of sleep from pain, depression or anxiety. However, there was no documentation of these conditions based on the medical records submitted. The medical necessity cannot be established because indications for this medication were not present. Therefore, the request for Lorazepam 2mg #30 is not medically necessary.

Levofloxacin 500mg #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, Infectious Diseases See Bone & Joint infections: osteomyelitis, acute; Lower respiratory infections: chronic bronchitis; & Lower respiratory infections: pneumonia (CAP).

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, LEVAQUINÂ® (levofloxacin).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Levofloxacin is used to treat bacterial infections including nosocomial pneumonia, community-acquired pneumonia, acute sinus infection, acute worsening of chronic bronchitis, complicated and uncomplicated skin infections, chronic prostate infection, complicated and uncomplicated urinary tract infections, acute kidney infection (pyelonephritis), inhalational Anthrax, and plague. In this case, Levofloxacin was prescribed as antimicrobial. However, there was no objective evidence of ongoing infection based on the medical records submitted. The medical necessity cannot be established. There is no clear rationale for the request. Therefore, the request for Levofloxacin 500mg #14 is not medically necessary.

Ondansetron 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Editorial Board Palliative Care: Practice Guidelines. Nausea and vomiting. Utrecht, The Netherlands: Association of Comprehensive Cancer Centers (ACCC); 2006 Jan 12.

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: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the U.S. Food and Drug Administration, Drug Safety Information was used instead. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, Ondansetron was prescribed for treatment of nausea from surgery or other oral medications. However, there was no documentation of nausea or vomiting based on the documents submitted. The medical necessity cannot be established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Ondansetron 4mg #30 is not medically necessary.