

Case Number:	CM14-0073406		
Date Assigned:	07/16/2014	Date of Injury:	05/01/2008
Decision Date:	08/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/20/2014

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 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:

According to the records made available for review, this is a 59-year-old female with a 5/1/08 date of injury. At the time (4/22/14) of the Decision for Levofloxacin 750 mg. #30, Omeprazole 20 mg, and Ondansetron 8mg, there is documentation of subjective (low back pain radiating to lower bilateral extremities and wrist pain) and objective (increasing range of motion, tenderness at lumbar paravertebral muscles with palpable hardware) findings, current diagnoses (retained symptomatic lumbar spinal hardware), and treatment to date (medications (including Naproxen sodium and Tramadol ER)). Medical reports identify a request for Levofloxacin to be used after surgery to avoid infection. Regarding Omeprazole 20 mg, there is no documentation of high dose/multiple NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin 750 mg #30: Overturned

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: Antibiotic Prophylaxis to prevent Surgical Infections in Adults.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS <http://www.drugs.com/pro/levaquin-oral-solution.html>.

Decision rationale: MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline supports pre- and peri-operative antibiotics for up to 24 hours in uncomplicated cases. Within the medical information available for review, there is documentation of retained symptomatic lumbar spinal hardware. In addition, there is documentation of a surgery (removal of Lumbar Spinal Hardware with inspection of fusion mass, with possible regrafting of screw holes and nerve root exploration) that has been authorized/certified. Furthermore, medical reports identify a request for Levofloxacin to be used after surgery to avoid infection. Therefore, based on guidelines and a review of the evidence, the request for Decision for Levofloxacin 750 mg #30 is medically necessary.

Omeprazole 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Gastrointestinal symptoms and cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. Within the medical information available for review, there is documentation of retained symptomatic lumbar spinal hardware. In addition, despite documentation of ongoing treatment with NSAIDs, there is no (clear) documentation of high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for decision for Omeprazole 20 mg is not medically necessary.

Ondansetron 8mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment & Workman's Compensation (TWC): Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea).

Decision rationale: MTUS does not address the issue. ODG identifies documentation of nausea and vomiting secondary to chemotherapy and radiation treatment, postoperative use, or acute use for gastroenteritis. Within the medical information available for review, there is documentation of retained symptomatic lumbar spinal hardware. In addition, given documentation of a surgery (removal of Lumbar Spinal Hardware with inspection of fusion mass, with possible re-grafting of screw holes and nerve root exploration) that has been authorized/certified, and a request for Ondansetron to be used after surgery, there is documentation of postoperative use. Therefore, based on guidelines and a review of the evidence, the request for decision for Ondansetron 8mg is medically necessary.