

Case Number:	CM14-0076174		
Date Assigned:	07/16/2014	Date of Injury:	10/25/2007
Decision Date:	09/10/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 American Board of Family Practice, and is licensed to practice in Arizona. 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:

49 year old male claimant sustained a work injury on 10/25/07 involving the low back, and left leg. He was diagnosed with L5 and S1 radiculopathy. He had received epidural steroid injections. He underwent a lumbar microdiscectomy in 2004. He had failed prior physical therapy and home exercises. Due to his long-standing pain, he had a spinal cord stimulator placement. In May 2014 he had a revision of the spinal cord stimulator. A progress note on May 15, 2014 indicated the claimant had 6/10 pain while on medication. He had been on Methadone 10 mg three times a day along with Diclofenac and Protonix. He had been on the Voltaren (Diclofenac) for several months. He was recently given Augmentin to mitigate opportunistic infections after the recent spinal cord stimulator replacement. His wound had no signs of infection. He was also on Ondansetron for nausea side effects of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Augmentin 875/125mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ABratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA, "Clinical practice guidelines for antimicrobial prophylaxis in surgery". Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283. (1075 references) PubMed External Web Site Policy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Infections Other Medical Treatment Guideline or Medical Evidence: American Family Physician Guidelines = Mar 2011- Antibiotic Prophylaxis to prevent surgical site infections and CDC guidelines.

Decision rationale: According to the ODG guidelines, antibiotics such as Augmentin are indicated for active infections. According to the CDC guidelines, prophylactic antibiotics should end 24 hours after surgery. In this case, there was no active infection and no need for 10 days of antibiotics. The Augmentin above is not medically necessary.

Voltaren XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x NSAIDs and pg 67 Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Voltaren are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. They are recommended as an option for short-term symptomatic relief. The claimant also required gastrointestinal protection while on Voltaren. The claimant had been on the Voltaren along with high dose opioids for several months. The continued use of Vicodin is not medically necessary.

Methadone HCL 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Opioids and pg 82-92 and Methadone and pg 61 Page(s): 82-92, 61.

Decision rationale: According to the MTUS guidelines, Methadone is only FDA-approved for detoxification and maintenance of narcotic addiction. There is no indication that the claimant is currently being managed for those indications. The use of Methadone 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 Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) anti-emetics.

Decision rationale: According to the ODG guidelines, antiemetics such as Ondansetron are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. The claimant does not meet the guidelines of use for Ondansetron. Therefore it is not medically necessary.