

<b>Case Number:</b>	CM14-0083999		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/13/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 11/12/13 EMG report indicates no finding of neuropathy or radiculopathy. 10/21/13 note indicates tramadol recommended or acute severe pain. Levofloxacin was recommended for prophylaxis of post operative infection. Omeprazole was recommended as the insured reported stomach upset and epigastric pain with use of NSAIDs. Ondansetron was recommended for nausea associated with analgesic agents the insured was taking. 10/29/13 PR-2 notes low back pain condition. Examination noted heel walk difficulty due to pain. There was spasm and tenderness in the lumbar spine. Medications were listed as Prilosec, tizanidine, Neurontin, Percocet, anbiel, and flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levofloxacin 750mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnical information

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back pain, antibiotics

**Decision rationale:** The medical records provided for review do not indicate any operation or specific procedure for which post procedure antibiotics are routinely supported. They are not supported after ESI. The basis for use of antibiotic has not been specified and is not supported for back pain. Therefore, the request for Levofloxacin 750mg #30 is not medically necessary.

**Tamadol ER 150mg #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids

**Decision rationale:** The medical records indicate one opioid - percocet- already being used. The addition of a second short acting opioid -tramadol- is not supported under ODG guidelines for acute on chronic pain. The medical necessity for Tramadol has not been established.

**Omeprazole 20mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** The medical records support the presence of GI related symptoms in relation to NSAID use and as such a PPI is supported under MTUS guidelines. Therefore, the request for Omeprazole 20mg is medically necessary.

**Ondasetron 8mg ODT:** Upheld

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

**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: Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

**Decision rationale:** The medical records do not support ondansetron for nausea related to medication. Ondansetron is supported in relation to cancer treatment condition. As the medical records do not indicate such condition, the treatment is not supported in this setting. The medical necessity for Ondansetron has not been established.