

Case Number:	CM14-0095189		
Date Assigned:	07/28/2014	Date of Injury:	12/14/1987
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 48-year-old gentleman was reportedly injured on December 14, 1987. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 24, 2014, indicates that there are ongoing complaints of low back pain with radiation as well as cervical spine pain with migraine headaches. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles with spasms and decreased range of motion. Examination of the cervical spine noted pain with axial loading and a positive Spurling's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for ondansetron, Terocin patches and Levofloxacin 750 mg and was not certified in the pre-authorization process on June 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondanestron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, official Disability Guidelines, Pain, chronic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG): ODG-TWC - ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Pain (Chronic); Antiemetic - September 10, 2014.

Decision rationale: Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is Food and Drug Administration-approved for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operatively, and acute gastroenteritis. The Official Disability Guidelines guidelines do not recommend this medication for nausea and vomiting secondary to chronic opiate use. Review of the available medical records fail to document an indication for why this medication was given. As such, this request for ondansetron is not medically necessary.

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines .Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July.

Decision rationale: Terocin patches are a topical analgesic containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the California Medical Treatment Utilization Schedule, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Terocin patches is not medically necessary.

Levofloxacin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Infectious Disease Society of America, University of Michigan Health System, 2011, August 9

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697040.html>

Decision rationale: According to the treating physicians preprinted request for authorization form dated November 20, 2013 and June 1, 2014, Levofloxacin is listed as a medication to avoid postoperative infection. There is no requested prescription for Levofloxacin on either of these dates nor is the injured employee approved or scheduled for any surgery. As such, this request for Levofloxacin is not medically necessary.