

Case Number:	CM14-0003790		
Date Assigned:	02/03/2014	Date of Injury:	02/11/2009
Decision Date:	04/09/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66-year-old female, who sustained an industrial injury on February 11, 2009. The diagnoses have included status post cervical hybrid reconstruction, right shoulder impingement syndrome with rotator cuff and labral tear, status post left thoracic outlet syndrome release, left carpal tunnel syndrome, right carpal tunnel syndrome, lumbar segmental instability with radiculitis, status post bilateral knee surgery with degenerative joint disease and sprain/strain of the left foot and ankle. Treatment to date has included pain management, diagnostic testing and surgery. Current documentation dated July 12, 2012 notes that the injured worker complained of persistent neck pain, right shoulder and left wrist pain. Physical examination of the cervical spine revealed tenderness with spasms of the paravertebral muscles and upper trapezius muscles. Right shoulder examination revealed tenderness anteriorly. The shoulder impingement sign was positive. Range of motion was decreased. Left wrist examination revealed tenderness, a positive Finkelstein's sign and a weak grip. The injured workers symptomatology of the lumbar spine, bilateral knees and left foot and ankle were unchanged. On January 2, 2014 Utilization Review non-certified a request for Ondansetron ODT 8 mg # 60, Medrox Ointment 120 gm # 2 and Levofloxin 750 mg # 30. The MTUS, Chronic Pain Medical Treatment Guidelines and Non- MTUS, ACOEM Guidelines, was cited. On January 10, 2014, the injured worker submitted an application for IMR for review Ondansetron ODT 8 mg # 60, Medrox Ointment 120 gm # 2 and Levofloxin 750 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONDANSETRON ODT 8MG #60 DOS 7-12-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (WEBSITE), ZOFTRAN.

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: The MTUS Guidelines do not address the use of ondansetron. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. The requesting physician explains that this request is to treat post-surgical nausea, however, the number of tablets requested exceed the period where post-surgical nausea might be anticipated. The request for ONDANSETRON ODT 8MG #60 DOS 7-12-12 is determined to not be medically necessary.

MEDROX OINTMENT 120GM #2 DOS 7-12-12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical section, Topical Analgesics section Page(s): 28, 29, 111-113.

Decision rationale: Medrox ointment is a topical analgesic containing the active ingredients methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.050% is not recommended by the MTUS Guidelines, the use of Medrox patch is not recommended. The request for MEDROX OINTMENT 120GM #2 DOS 7-12-12 is determined to not be medically necessary.

LEVOFLOXACIN 750MG #30 DOS 7-12-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgical site infection: prevention and treatment of

surgical site infection. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: The requesting physician explains that Levofloxacin is to be taken post-operatively, following wrist/hand surgery. The MTUS Guidelines do not address the use of post-operative prophylactic antibiotic use. A search of the National Guideline Clearinghouse provided criteria for recommendations for antibiotic prophylaxis. It is recommended to use prophylactic antibiotics for 1) Clean surgery involving the placement of a prosthesis or implant, 2) Clean-contaminated surgery, 3) Contaminated surgery. It is not recommended to use antibiotic prophylaxis routinely for clean non-prosthetic uncomplicated surgery. The injured worker was schedule to have a clean non-prosthetic uncomplicated surgery, and is not reported to have any increased susceptibilities to infection that may necessitate the use of prophylactic antibiotics. The request for LEVLFLOXACIN 750MG #30 DOS 7-12-12 is determined to not be medically necessary.