

Case Number:	CM14-0106049		
Date Assigned:	07/30/2014	Date of Injury:	10/10/1983
Decision Date:	08/07/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/09/2014

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, Indiana, New
York Certification(s)/Specialty: Internal 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 (IW) is a 68-year-old male who sustained an industrial injury on 10/10/1983. Diagnoses include malignant neoplasm of the duodenum. Treatment to date has included medications and abdominal surgery. According to the progress notes dated 5/28/14, the IW reported progressive weakness since discharge from the hospital. He underwent non-pylorus preserving pancreaticoduodenectomy on 4/19/14 with subsequent complications of sepsis and acute renal failure. He complained of nausea and vomiting, increasing paresthesias of both palms and weakness in his legs, worse on the left. He admitted he fell twice due to weakness on the day before this exam. He also reported drooping of the right eyelid and double vision occurring before he fell. On examination, his temperature was low at 35.5 degrees Celsius, blood pressures were 120/79 and 105/75 and heart rate was 85 beats per minute. His white blood cell count was high at 11.0, hemoglobin was low at 10.7, hematocrit was low at 32.2, creatinine was high at 2.12, BUN was high at 67 and calcium was high at 11.5. His abdomen was soft, non-tender, non-distended, with brown fluid draining from the PTC drain (percutaneous transhepatic drainage) and scant purulent drainage coming from the JP drain. A request was made for 124 RN visits for medication administration and IV Zyvox 600mg twice a day for 10 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV Zyvox 600mg twice a day for 10 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Infectious Diseases Procedure Summary.

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/a602004.html>.

Decision rationale: Pursuant to Medline plus, IV Zyvox 600 mg b.i.d. times 10 days is not medically necessary. Linezolid is used to treat infections, including pneumonia, and infections of the skin and blood. Linezolid is in a class of antibacterials called oxazolidinones. It works by stopping the growth of bacteria. Antibiotics will not work for colds, flu, and other viral infections. Zyvox is not a first-line antibiotic. Zyvox is indicated for methicillin resistant staph aureus. In this case, the injured worker's working diagnoses are colon cancer; bladder cancer; basal and squamous cell cancer and duodenal adenocarcinoma. The injured worker underwent a pancreatic duodenectomy on April 19, 2014. The injured worker developed sepsis in the post operative period. The worker was discharged on May 23, 2014. The injured worker was readmitted on May 28, 2014 after about of nausea and vomiting for two days. A PT OT evaluation was performed in the hospital and the patient was ultimately discharged home with home care. The documentation indicates continued Zosyn 2.25gm three times a day for two weeks. Additional treatments included TPN. The injured worker was ambulatory. There is no documentation indicating IV Zyvox was prescribed. There was no clinical indication or rationale in the medical record for IV Zyvox. There are no drug sensitivities in the medical record. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and clinical documentation indicating IV Zyvox was prescribed to the injured worker, IV Zyvox 600 mg b.i.d. times 10 days is not medically necessary.

124 RN Visits for medication administration: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, #124 RN visits for medication administration are not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with

activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses are colon cancer; bladder cancer; basal and squamous cell cancer and duodenal adenocarcinoma. The injured worker underwent a pancreatic duodenectomy on April 19, 2014. The injured worker developed sepsis in the postoperative period. The worker was discharged on May 23, 2014. The injured worker was readmitted on May 28, 2014 after about of nausea and vomiting for two days. A PT/OT evaluation was performed in the hospital and the patient was ultimately discharged home with home care. The documentation indicates continued Zosyn 2.25gm three times a day for two weeks. Additional treatments included TPN. The injured worker was ambulatory. There is no documentation indicating IV Zyvox was prescribed. There was no clinical indication or rationale in the medical record for IV Zymox. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and clinical documentation indicating IV Zyvox was prescribed to the injured worker, IV Zyvox 600 mg b.i.d. times 10 days is not medically necessary. The IV Zyvox 600 mg b.i.d. times 10 days is not medically necessary and, as a result, #124 RN visits for medication administration are not medically necessary.