

<b>Case Number:</b>	CM14-0188720		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal Medicine 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:

The injured worker is a woman with a work related injury dated 7/14/11 resulting in chronic pain in the cervical spine. She was evaluated by the treating physician on 8/11/14. At that time she continued to complain of pain in the cervical spine aggravated by movement. She is noted to have headaches that are migrainous in nature and tension between the shoulder blades. The physical exam shows tenderness to palpation in the cervical paravertebral muscles with decrease range of motion. The diagnosis includes cervicgia. The plan of treatment includes consultation for surgery and multiple medications. The medications include the use of Sumatriptan Succinate 25mg for migrainous headaches and Levofloxacin 750mg #30 for routine precaution to avoid postoperative infection to be taken for 7 days. Under consideration is the medical necessity for omeprazole 20mg #120, Ondansetron 8mg #30, Medrox pain relief ointment 120gm, Cyclobenzaprine 7.5mg #120, Sumatriptan Succinate 25mg #9 and Levofloxacin 750mg #30. These medications were denied during utilization review dated 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole, 20MG # 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Proton Pump Inhibitor (PPI) Page(s): 68-69.

**Decision rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Omeprazole is not medically necessary.

**Medrox pain relief ointment 120gm refills:2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Medrox pain relief ointment contains Capsaicin 0.05%, Menthol 7% And Salicylate 20 %. According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. With regards to methyl salicylate, it is recommended for use in the MTUS for chronic pain as it is significantly better than placebo. The MTUS is silent regarding menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is not documented in the medical record if the patient has tried and failed first line treatment for chronic pain including antidepressant and anticonvulsant medications. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary.

**Sumatriptan Succinate 25mg #9, refills: 2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, (Sumatriptan).

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

**Decision rationale:** According to the ODG triptans are recommended for patients with migraine headaches. At marketed doses, all oral triptans are effective and well-tolerated. In this case the

documentation supports the patient is having migraine headaches therefore the use of Sumatriptan Succinate 25mg #9 with 2 refills is 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 Official Disability Guidelines (ODG) Chronic pain, (Muscle Relaxants Levofloxacin).

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

**Decision rationale:** The California MTUS is silent regarding the use of Levofloxacin. According to the ODG Levofloxacin 750mg is recommended as first-line treatment for osteomyelitis, chronic bronchitis and pneumonia. In this case the provider is recommending the use of levofloxacin for 7 days to prevent a post-operative infection. This is not a first-line drug for this indication and furthermore the provider has recommended a number of 30 tablets for 7 days of treatment, which is an inappropriate amount. The use of Levofloxacin is not medically necessary.