

Case Number:	CM14-0189728		
Date Assigned:	11/20/2014	Date of Injury:	05/10/2012
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 63 year old patient with date of injury of 05/10/2012. Medical records indicate the patient is undergoing treatment for lumbar discopathy, right shoulder impingement syndrome, lumbago and internal derangement of bilateral hips. Subjective complaints include constant low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking; pain is described as sharp and rated a 8/10; pain radiates into bilateral lower extremities; constant pain in the right shoulder that is aggravated by forward reaching, lifting, pushing, pulling, working at or above the shoulder level, described as throbbing and rated 7/10; constant pain in bilateral hips, right greater than left, that is aggravated by lifting, ascending and descending stairs, twisting, bending and prolonged sitting, rated 8/10. Objective findings include right shoulder tenderness around the anterior glenohumeral region and subacromial space, Hawkins and impingement signs are positive, rotator cuff function appears intact albeit painful, reproducible symptomatology with internal rotation and forward flexion; lumbar spine palpable paravertebral muscle tenderness with spasm, seated nerve root test is positive, standing flexion and extension are guarded and restricted, tingling and numbness in the lateral thigh, anterolateral thigh, leg and foot, anterior knee, medial leg and foot, which correlates with an L4-L5 dermatomal pattern, full strength in the quadriceps and EHL, L4 and L5 innervated muscles; Bilateral hip pain and tenderness in the anterior and posterior region, right greater than left, posterolateral tenderness greater on the left, internal rotation and external rotation reproduces some symptomatology. MRI of hip on 04/28/2014 shows mild to moderate tendinopathy changes of the gluteal medius tendon at its attachment to the greater trochanter, mild degenerative changes of the left hip joint, no evidence of greater trochanteric bursitis, avascular necrosis, stress fracture or stress reaction. MRI of lumbar spine on 04/28/2014 showed L4-L5 6mm right paracentral disc protrusion causing right lateral recess narrowing with mass

effect on the transversing left L5 nerve root, the patient is status post right hemilaminotomy and microdiscectomy changes, there is mild to moderate right and moderate left neural foraminal narrowing, hypertrophic facet degenerative changes; L3-L4 3mm bulge causing no significant neural foraminal narrowing or canal stenosis; L1-2 and L5-S2 2mm bulge causing no significant neural foraminal narrowing or canal stenosis. MRI right shoulder dated 04/28/2014 showed high-grade bursal surface to near full-thickness tear of the supraspinatus tendon, spanning the entirety of the supraspinatus footprint; high-grade partial bursal surface tear of the infraspinatus tendon; tear of the anterior labrum, moderate acromioclavicular joint degenerative changes with subacromial osteophytosis have increased risk for impingement. Treatment has consisted of L3-L5 lumbar fusion, nerve root decompression, physical therapy. Medications include Fenoprofen, Omeprazole and Tramadol. The utilization review determination was rendered on 10/17/2014 recommending non-certification of Ondansetron ODT 8 mg, thirty count, Cyclobenzaprine hydrochloride 7.5 mg, 120 count and Levofloxacin 750 mg, thirty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron ODT 8 mg, thirty count: 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), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea)

Decision rationale: Ondansetron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin-norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use". Additionally, "This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment. MTUS is specific regarding the gastrointestinal symptoms related to NSAID usage. If criteria are met, the first line treatment is to discontinue usage of NSAID, switch NSAID, or consider usage of proton pump inhibitor. The documentation provided does not indicate that this patient has complained of nausea and vomiting. Additionally, Ondansetron is not a proton pump inhibitor and is not considered a first line treatment. As such the request for Ondansetron ODT 8 mg, thirty count is not medically indicated.

Cyclobenzaprine hydrochloride 7.5 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spazmodics Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, and Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and on Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. ODG states "Recommended as an option, using a short course of therapy and the addition of cyclobenzaprine to other agents is not recommended." The medical documents indicate that patient is far in excess of the initial treatment window and period. As such, the request for Cyclobenzaprine hydrochloride 7.5 mg, 120 count is not medically necessary.

Levofloxacin 750 mg, thirty count: 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), Infectious Diseases Summary, and the Sanford Guide to Antimicrobial Therapy 2013, 3rd Edition, pages 192 - 196

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: UptoDate, Fluoroquinolones
<http://www.uptodate.com/contents/fluoroquinolones?source=machineLearning&search=quinolones&selectedTitle=1%7E150§ionRank=3&anchor=H527964309#H527964309>

Decision rationale: Fluoroquinolones are the only class of antimicrobial agents in clinical use that are direct inhibitors of bacterial DNA synthesis. They inhibit two bacterial enzymes, DNA gyrase and topoisomerase IV, which have essential and distinct roles in DNA replication. The fluoroquinolones are bactericidal. (See 'Mechanisms of action' above.) Fluoroquinolones, especially the newer agents, have a wide spectrum of activity that includes gram-negative bacilli, Streptococcus pneumoniae and other respiratory pathogens, other gram-positive cocci, and mycobacterial species. The specific antimicrobial spectrum varies with the different fluoroquinolones (table 1A and table 1B and table 2 and table 3). (See 'Spectrum of activity' above.) Fluoroquinolones can interact with a variety of other drugs. A common problem is that

coadministration of fluoroquinolones with aluminum-, magnesium-, or, to a lesser extent, calcium-containing antacids leads to markedly reduced oral bioavailability of the quinolone, presumably because of the formation of cation-quinolone complexes, which are poorly absorbed. (See 'Drug interactions' above.)The medical documentation provided suggests this patient is wishing to proceed to surgical intervention, however, this drug class is not recommended as a peri-operative drug for prophylaxis in orthopedic surgeries. As such, the request for Levofloxacin 750 mg, thirty count is not medically necessary.