

<b>Case Number:</b>	CM14-0201300		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of October 6, 2014. In a utilization review report dated November 12, 2014, the claims administrator denied a request for Narcosoft, Duricef, Dilaudid, and Zofran. The claims administrator suggested that its decision was based on an October 31, 2014 office visit. The claims administrator alluded to lumbar MRI imaging of October 7, 2014 demonstrating a large disc extrusion at the L5-S1 level. The MTUS Chronic Pain Medical Treatment Guidelines were invoked, despite the fact that this was not seemingly a chronic pain case. The claims administrator stated that its denials were predicated on the fact that a request for lumbar spine surgery had been deemed not medically necessary. The applicant's attorney subsequently appealed. On October 31, 2014, the applicant reported persistent complaints of low back pain, left hip pain, and left leg pain. The applicant was apparently scheduled for lumbar spine surgery on November 28, 2014. The applicant apparently exhibited a visible limp, it was stated, and was currently working light duty. Positive straight leg raising, weakness about the left leg, and dysesthesias about the left leg were appreciated. The attending provider alluded to lumbar MRI imaging of October 7, 2014 demonstrating a 12-mm left paracentral posterior disc protrusion causing considerable pressure on the left thecal sac. 12 sessions of physical therapy, a cold therapy unit, lumbar support, Zofran, Narcosoft, Duricef, and Dilaudid were endorsed. It was stated that Dilaudid is being endorsed for postoperative pain control while Zofran was being endorsed for postoperative nausea purposes. Narcosoft was apparently being endorsed for opioid-induced constipation. A rather proscriptive 5-pound lifting limitation was endorsed, although the attending provider suggested that the applicant was working with said limitation in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Narcosoft 2 Capsules q 8h PRN #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants in whom opioid therapy has been initiated. Here, the attending provider has suggested that the applicant has or will be using opioids postoperatively. Despite the unfavorable utilization review determination, it appears that the applicant was intent on pursuing and was scheduled to undergo lumbar spine surgery on November 28, 2014. Provision of opioids and associated laxatives was, thus, indicated for postoperative use purposes. Therefore, the request is medically necessary.

### **Duricef 500mg BID #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Family Physicians (AAFP), March 2011, Salkind et al.

**Decision rationale:** The MTUS does not address the topic. As noted by American Academy of Family Physicians (AAFP), prophylactic antibiotics should be initiated within 1 hour before surgical incision and should be discontinued within 24 hours of surgery completion. In this case, the request for Duricef 500 mg twice daily #30 represents 15 days of antibiotic prophylaxis. Such a lengthy duration of antibiotic prophylaxis, however, is incompatible with the AAFP guideline. No rationale for such a lengthy duration of antibiotic prophylaxis was furnished by the attending provider. Therefore, the request is not medically necessary.

### **Dilaudid 4mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 308.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, a short course of opioids is "optional" in the management of low back pain

complaints. The attending provider stated that he intended for the applicant to "employ Dilaudid for postoperative pain relief purposes following scheduled lumbar spine surgery of November 28, 2014." It did appear that the applicant was intent on undergoing spine surgery and was in fact scheduled to undergo the same. Postoperative provision of Dilaudid was, thus, indicated here. Therefore, the request is medically necessary.

**Zofran 8mg Sublingual PRN #30:** 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), Medical Food

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide

**Decision rationale:** The MTUS does not address the topic. However, the Food and Drug Administration (FDA) does acknowledge that ondansetron (Zofran) is used to prevent nausea and vomiting caused by surgery. Here, the applicant was scheduled to undergo a lumbar spine surgery on November 28, 2014, despite utilization review denial of the same. Usage of Zofran for postoperative nausea purposes was, thus, indicated here. Therefore, the request is medically necessary.