

Case Number:	CM14-0203278		
Date Assigned:	12/24/2014	Date of Injury:	06/15/2000
Decision Date:	02/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Montana. 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 has a date of injury of 6/15/00. The injury has apparently resulted in chronic low back and neck pain. The injured worker has undergone multiple lumbar procedures including fusion from L1-L3 and L4-S1 and, most recently, hardware removal on 10/17/14. He did have a spinal cord stimulator implant and is currently maintained on multiple medications. His current diagnoses include chronic low back pain with leg pain status post L1-L3 fusion and L4-S1 fusion, myofascial pain and spasm, chronic cervical pain radiating to the upper extremities and cervical spondylosis. The primary treating physician has requested Fenoprofen Calcium 400 mg #120, ondansetron ODT 8 mg #30, omeprazole 20 mg #120 and levofloxacin 750 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium 400mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs. Page(s): 67-68.

Decision rationale: The ODG guidelines note that Levofloxacin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. In this case the request for

authorization on 11/12/14 shows that levofloxacin is prescribed to avoid postoperative infection. The treatment note of 11/20/14, approximately 1 month postoperative, shows that the incision related to hardware removal was healing well with no signs of infection. The request for Levofloxacin 750 mg #30 is not medically necessary.

Ondansetron ODT 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS does not specifically address treatment with Ondansetron. The ODG Guidelines note that Ondansetron is not recommended for nausea and vomiting secondary to chronic opioid use. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, Ondansetron tablets, USP are recommended even where the incidence of postoperative nausea and/or vomiting is low. The medical records do not provide evidence of indications for this medication as noted above. The records do note that the medication is requested for nausea and vomiting associated with headaches. There is no documentation related to frequency and severity of nausea and vomiting, how frequently the medication is used and its overall efficacy. The request for Ondansetron 8mg #30 is not medically necessary.

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk. Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors

Decision rationale: Prilosec is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with nonsteroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple nonsteroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of a PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In this case the medical records do not document risk factors as noted above. Although it is noted

that in the past there have been some GI symptoms associated with NSAID use, there is no indication in the medical records of peptic ulcer, GI bleeding or perforation or any current gastrointestinal symptoms or side effects from medication use. The criteria for use of proton pump inhibitors are not met. The request for omeprazole 20mg #120 is not medically necessary.

Levofloxacin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ODG guidelines note that levofloxacin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia. In this case the request for authorization on 11/12/14 shows that levofloxacin is prescribed to avoid postoperative infection. The treatment note of 11/20/14, approximately 1 month postoperative, shows that the incision related to hardware removal was healing well with no signs of infection. The request for levofloxacin 750 mg #30 is not medically necessary.