

<b>Case Number:</b>	CM14-0205880		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehabilitation 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 patient is a 57 year old male with date of injury 9/25/11. The treating physician report dated 8/12/14 (1973) indicates that the patient presents with chronic neck pain and the orthopedist is appealing a decision to deny surgery for total disc replacement at C3/4. The physical examination findings state that there is disc junctional kyphotic deformity with instability at C3/4. The current diagnoses are: 1.Cervical discopathy 2.Radiculitis 3.Lumbar discopathy with radiculitis 4.Left shoulder impingement with rotator cuff tear. There is no utilization review report found for this request in the 2016 pages provided for review. The RFA for this request is dated 12/9/14 (2002) and requests Cyclobenzaprine Hydrochloride #120, Ondasetron 8mg #30 and Levofloxacin 750mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-67.

**Decision rationale:** The patient presents with chronic neck pain with radiculitis. The current request is for Cyclobenzaprine HCL, #120. The treating physician reports made available for review do not address this request. The patient clearly has disc problems at C3/4 but the physician has not documented that any muscle spasms exist. The MTUS guidelines allow for the usage of muscle relaxants for short term treatments of acute exacerbations. In this case, the treating physician has not documented an acute exacerbation, there is no mention of short term usage and there is no documentation of any muscle spasms. The current request is not medically necessary and the recommendation is for denial.

**Levofloxacin 750mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases (updated 11/11/14) Levofloxacin (Levaquin)

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

**Decision rationale:** The patient presents with chronic neck pain with radiculitis. The current request is for Levofloxacin 750mg, #30. The treating physician does not discuss the need for this medication in any of the reports provided for review. Levofloxacin is an antibiotic which is indicated in the treatment of bacterial infection. The MTUS guidelines do not address antibiotics. The ODG guidelines pain chapter under cellulitis states that oral antibiotics are effective in treating infections. In this case, there are no subjective complaints consistent with infection, there are no objective findings of infection and if this medication was being prescribed prophylactically for surgery then the medication is not necessary as the surgery was not authorized. The current request is not medically necessary and the recommendation is for denial.

**Ondansetron 8mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 10/30/14) Antiemetics (for opioid nausea)

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

**Decision rationale:** The patient presents with chronic neck pain with radiculitis. The current request is for Ondansetron 8mg, #30. The treating physician does not discuss the need for this medication in any of the reports provided for review. The MTUS Guidelines do not address Zofran (Ondansetron). The ODG Guidelines do not support the use of Zofran or any antiemetics for the treatment of nausea due to opioid usage. Antiemetics are only supported for nausea and vomiting secondary to chemotherapy and radiation treatment. In this case, there is no

documentation that the patient is undergoing chemotherapy or radiation treatment. The current request is not medically necessary and the recommendaiton is for denial.