

<b>Case Number:</b>	CM14-0208871		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 53-year-old woman who sustained a work related injury on November 19, 2012. Subsequently, she developed chronic neck, shoulder, and low back pain. According to the follow-up report dated November 10, 2014, the patient reported chronic neck and lower back pain radiating into the upper and lower extremities. The patient also complained of right-sided shoulder pain with weakness and decreased range of motion. The right shoulder pain was following a right shoulder arthroscopy on December 5, 2014. Spasm, tenderness, and guarding were noted in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion on flexion and extension. Decreased sensation was noted at the C6 and L5 dermatomes bilaterally with pain. Decreased range of motion was noted with external rotation. Positive impingement and Hawkins signs were noted in the right shoulder with decreased range of motion on abduction of less than 90 degrees. The patient was approved for 12 sessional post-op physical therapy for the right shoulder. The patient was diagnosed with shoulder impingement, cervical radiculopathy, lumbosacral radiculopathy, sprain of wrist, and knee Tend/Burs. The provider requested authorization for Zofran ODT, Norco, and Levaquin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zofran ODT 8mg #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

**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: Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422

**Decision rationale:** Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Zofran, there is no documentation in the patient's chart regarding the occurrence of medication/chemotherapy induced nausea and vomiting. Therefore, the prescription of Zofran is not medically necessary.

**Norco 10/325mg #60:** 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 Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.

**Levaquin 500mg #3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/levofloxacin.html>

**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: Levaquin. <http://www.rxlist.com/levaquin-side-effects-drug-center.htm>.

**Decision rationale:** Levaquin is an antibiotic used to treat bacterial infections. There is no documentation of bacterial infection sensitive to Levaquin. Therefore, the request is not medically necessary.