

Case Number:	CM14-0027906		
Date Assigned:	06/16/2014	Date of Injury:	03/15/2011
Decision Date:	04/02/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male sustained an industrial injury on 7/9/13, with subsequent ongoing bilateral shoulder, neck and back pain. Documentation indicated that the injured worker had an upcoming shoulder surgery scheduled. In a request for authorization dated 2/4/14, current diagnoses were cervicalgia and lumbar spine stenosis. The physician noted that spasms had been present on physical exam that day and that the injured worker had complained of headache due to cervical spine pain. The physician requested authorization for medications (Naproxen Sodium, Cyclobenzaprine, SUMatriptan Succinate, Ondansetron ODT, Omeprazole, Quazepam, Tramadol, Cidalex, Ketoprofen and Norco 10/325). On 2/11/14, Utilization Review noncertified a request for CYLCOBENZAPRINE HCL 5MG #120, ONDANSETRON 8 MG #60, OMEPRAZOLE 20MG #120, TRAMADOL HCL 150MG #90 and LEVOFLOXACIN 750MG #30 citing ODG and CA MTUS Chronic Pain Medical Treatment Guidelines and Sanford guide to Antimicrobial therapy. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYLCOBENZAPRINE HCL 5MG #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 (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is nearly two years status post work-related injury and continues to be treated for ongoing bilateral shoulder, back, and neck pain. Shoulder surgery is being planned. Lated injury and continues to be treated for neck, low back, and groin pain. Medications include cyclobenzaprine. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

ONDANSETRON 8MG #60: 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 (Chronic), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

Decision rationale: The claimant is nearly two years status post work-related injury and continues to be treated for ongoing bilateral shoulder, back, and neck pain. Shoulder surgery is being planned. Medications include Tramadol. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Tramadol medication, there is no history of opioid induced nausea. Therefore, the use of this medication was 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 NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is nearly two years status post work-related injury and continues to be treated for ongoing bilateral shoulder, back, and neck pain. Shoulder surgery is being planned. Guidelines recommend an assessment of GI symptoms and cardiovascular risk

when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore the prescribing of Omeprazole is not medically necessary.

TRAMADOL HCL 150MG #90: Overturned

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 (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly two years status post work-related injury and continues to be treated for ongoing bilateral shoulder, back, and neck pain. Shoulder surgery is being planned. Medications include Tramadol being prescribed on a long-term basis. Tramadol is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing good pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol was 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 (1) Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery, Am J Health Syst Pharm. 2013 Feb 1; 70 (3):195-283.(2) Levofloxacin prescribing information.

Decision rationale: The claimant is nearly two years status post work-related injury and continues to be treated for ongoing bilateral shoulder, back, and neck pain. Shoulder surgery is being planned. Levofloxacin is a fluoroquinolone antibacterial indicated in adults with infections caused by designated, susceptible bacteria. In this case it is being prescribed as prophylaxis prior to surgery. There is no identified infection or condition identified that would establish the medical necessity of this medication.