

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0002298 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 09/22/2009 |
| Decision Date: | 03/16/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is 41-year-old male who reported an injury on 09/22/2009 due to an unknown mechanism of injury. The injured worker's treatment history included multiple lower levels of conservative treatments that ultimately failed to control the injured worker's pain. The injured worker underwent lumbar fusion at the L4-S1. The injured worker's diagnoses also included cervical discopathy. The injured worker's medications included fenoprofen, omeprazole, ondansetron, cyclobenzaprine, tramadol, Lunesta, and levofloxacin. The injured worker was evaluated on 11/26/2014. Physical findings of his cervical spine included tenderness to palpation and muscle spasming with limited range of motion. Evaluation of the lumbar spine revealed well healed incision with no evidence of wound dehiscence. It was documented that the injured worker's pain was improving and was rated at a 6/10. The injured worker's treatment plan included removal of sutures and refill of medications. A request for authorization was submitted on 12/18/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Omeprazole 20mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for several months. However, an evaluation of the injured worker's gastrointestinal system to support that they are at continued risk for developing gastrointestinal events was not provided. Additionally, the request as it is submitted does not include a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Omeprazole 20mg #120 is not medically necessary or appropriate.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Working group of the clinical practice guideline for Palliative care. Clinical practice guideline for palliative care, Madrid (Spain) Basque office for health technology assessment, osteba; 2008 May 1 Various p recommendations.

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, Anti-Emetics.

Decision rationale: The requested Ondansetron is not medically necessary or appropriate. Official Disability Guidelines do not recommend the use of this medication unless there is documentation of acute gastritis or nausea related to postsurgical presentation. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they have nausea related to the recent procedure. Additionally, there is no documentation of acute gastritis. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Ondansetron 8mg #30 is not medically necessary or appropriate.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308, Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Cyclobenzaprine 7.5mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least 6 months. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. Additionally, the clinical documentation does not provide an adequate assessment of pain relief or increased functional benefit related to this medication. Furthermore, the request as it is submitted does not identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Cyclobenzaprine 7.5mg #120 is not medically necessary or appropriate.

Tramadol 150mg #90: 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 Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested tramadol is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing use of this medication be supported by documented functional benefit, an assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 6/10 pain. However, pain relief resulting from medication use is not provided. Furthermore, the clinical documentation does not indicate that the injured worker is monitored for aberrant behavior. Additionally, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Tramadol 150mg #90 is not medically necessary or appropriate.

Levofloxacin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guidelines clearinghouse- antibiotic prophylaxis in spine surgery

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

Decision rationale: The requested Levofloxacin 750mg #30 is not medically necessary or appropriate. Official Disability Guidelines recommend antibiotics be used in a postsurgical setting to prevent infection. However, the clinical documentation submitted for review does not provide any evidence of signs and symptoms consistent with infection. The clinical documentation does indicate that there is a well healed incision with no drainage, tenderness, or

warmth. Furthermore, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Levofloxacin 750mg #30 is not medically necessary or appropriate.