

Case Number:	CM15-0015327		
Date Assigned:	03/16/2015	Date of Injury:	06/30/1986
Decision Date:	05/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 a 48 year old male, who sustained an industrial injury on 6/30/1986. Currently he reports constant, dull low back and bilateral hip pain, as well as difficulty sleeping. The injured worker was diagnosed with, and/or impressions were noted to include pain in the hip/pelvis; and lumbago status-post "Plif" with retained symptomatic hardware. Treatments to date have included consultations, with diagnostic imaging studies; and medication management. The latest physician examination, dated 12/18/2014, notes the injured worker to be benefiting from taking his medications. The current treatment plan includes recommendations for continued medication management, as they are stated to be curing the injured workers symptomatology, and helping him with his activities of daily living, as well as to continue working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium (Nalfon) 400mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288, 29. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenoprofen is an NSAID medication which is less effective, and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenoprofen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenoprofen. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

Omeprazole 20mg # 30: 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 PPIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. In addition, the request for Fenoprofen calcium was found to be not medically necessary, which would mean that the Omeprazole would not appear to be medically necessary for this patient. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Ondansetron 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, Pain (Chronic).

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

Decision rationale: Ondansetron blocks the actions of chemicals in the body that can trigger nausea and vomiting. Ondansetron is used to prevent nausea and vomiting that may be caused by surgery or by chemotherapy or radiation. It is not for preventing nausea or vomiting that is caused by factors other than cancer treatment or surgery. In this case, it appears ondansetron was prescribed in conjunction with an opioid with which guidelines recommend against its use for any nausea and vomiting secondary to chronic opioid use. Medical necessity of the requested medication has not been established. The certification of the requested medication is not medically necessary.

Cyclobenzaprine Hydrochloride Tabs 7.5mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. This medication has its greatest effect in the first four days of treatment. It is not recommended to be used for longer than 2-3 weeks. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Levofloxacin 750mg # 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, Infectious Diseases.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Levofloxacin.

Decision rationale: Levofloxacin (Levaquin) is a broad-spectrum antibiotic of the fluoroquinolone drug class. Its spectrum of activity includes most strains of bacterial pathogens responsible for respiratory, urinary tract, gastrointestinal, and abdominal infections, including Gram negative (*Escherichia coli*, *Haemophilus influenzae*, *Klebsiella pneumoniae*, *Legionella pneumophila*, *Moraxella catarrhalis*, *Proteus mirabilis*, and *Pseudomonas aeruginosa*), Gram positive (methicillin-sensitive but not methicillin-resistant *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Staphylococcus epidermidis*, *Enterococcus faecalis*, and *Streptococcus pyogenes*), and atypical bacterial pathogens (*Chlamydia pneumoniae* and *Mycoplasma pneumoniae*). Compared to earlier antibiotics of the fluoroquinolone class such as ciprofloxacin, levofloxacin exhibits greater activity towards Gram-positive bacteria but lesser activity toward Gram-negative bacteria] especially *Pseudomonas aeruginosa*. Levofloxacin and later generation

fluoroquinolones are collectively referred to as "respiratory quinolones" to distinguish them from earlier fluoroquinolones which exhibited modest activity toward the important respiratory pathogen *Streptococcus pneumoniae*. Levofloxacin and other fluoroquinolones are valued for their broad spectrum of activity, excellent tissue penetration, and for their availability in both oral and intravenous formulations. Levofloxacin is used alone or in combination with other antibacterial drugs to treat certain bacterial infections including pneumonia, urinary tract infections, and abdominal infections. In this case there is no specific indication for Levofloxacin therapy. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.