

Case Number:	CM15-0161305		
Date Assigned:	08/27/2015	Date of Injury:	02/05/1998
Decision Date:	10/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of February 5, 1998. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve requests for diazepam, Zofran, and Amoxil. A partial approval of diazepam was issued, it was incidentally noted. The claims administrator did, however, approve requests for Zestril, Asmanex, Lidoderm patches, Prilosec, and Naprosyn outright. The claims administrator referenced a June 15, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported ongoing complaints of neck pain, low back pain, upper extremity pain, hand pain, and thumb pain, with derivative complaints of reflux, insomnia, and nausea. 8/10 pain with medications versus 10/10 pain without medications was reported. The applicant was using a cane to move about. The applicant was described as in moderate-to-severe distress. The note was difficult to follow and mingled historical issues with current issues. The applicant was not working, it was acknowledged. Lidoderm patches, Naprosyn, Prilosec, Zofran, Valium, Asmanex, and Zestoretic were endorsed. Amoxicillin was listed as part of the applicant's medication list, although it was not clearly stated when said medication was last updated. The attending provider noted that the applicant was using Valium for anxiolytic effect. The attending provider stated that the applicant was "crippled" owing to functional disability associated with chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for diazepam (Valium), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as diazepam (Valium) may be appropriate for "brief periods," in case of overwhelming symptoms, here, however, the request was framed as a renewal or extension request for diazepam (Valium). The attending provider contended on June 15, 2015 that the applicant was using Valium on a daily basis for anxiolytic effect. Such usage, however, was incompatible with the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Zofran 4 mg Qty 15: 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) - Ondanestron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm> Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT₃ receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: Similarly, the request for Zofran (ondansetron), an antiemetic agent, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that ondansetron (Zofran) is indicated in the treatment of nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, the June 15, 2015 progress note at issue made no mention of the applicant's having developed nausea and vomiting associated with cancer chemotherapy, radiation therapy, and/or surgery. The source of the applicant's nausea was not clearly stated. Continued usage of Zofran,

thus, amounted to usage of Zofran for non-FDA labeled purposes. The attending provider failed to furnish a clear or compelling applicant-specific rationale or medical evidence, which would support such usage. Therefore, the request was not medically necessary.

Amoxicillin 500 mg Qty 21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non- MTUS Citation Official Disability Guidelines: Antibiotic treatment COPD.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 47; 40.

Decision rationale: Finally, the request for amoxicillin (Amoxil), a penicillin antibiotic, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the June 15, 2015 progress note at issue made no mention of what issue, diagnosis, and/or purpose Amoxil (amoxicillin) had been endorsed for. It was not clearly stated or established why amoxicillin was prescribed on that date. While the MTUS Guideline in ACOEM Chapter 10, Table 4, page 40 does acknowledge that systemic antibiotics such as penicillin are indicated in the treatment of individuals with infected elbow bursitis, here, however, there was no mention of the applicant's having any infectious process such as infected olecranon bursitis, cellulitis, sinusitis, etc. for which usage of amoxicillin would have been indicated on or around the date in question, June 15, 2015. Therefore, the request was not medically necessary.