

<b>Case Number:</b>	CM15-0040426		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

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 injured worker is a 55-year-old female, who sustained an industrial injury on 9/12/2011. She reported pain in the right wrist going up in to the left shoulder and neck at the time of the injury. She was diagnosed as having cervical discopathy, status post right carpal/cubital tunnel release and carpal/cubital tunnel syndrome/double crush syndrome. Treatment to date has included surgical intervention, diagnostic testing and medications. Per the Primary Treating Reevaluation and Progress Report dated 11/26/2014, the injured worker reported constant severe pain in the cervical spine that is aggravated by repetitive motions of the neck such as pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is characterized as sharp and stabbing. There is radiation to the upper extremities, right greater than left. The pain is rated as 9/10. Physical examination revealed palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited due to pain. There is a well healed cubital/carpal tunnel release scar on and tenderness over the volar aspect of the left wrist. There are positive Phalen's and Tinel's tests. The plan of care included surgical intervention. Authorization was requested for Ondansetron, and Tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ondansetron 8mg oral disintegrating tablet, quantity 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: Antiemetics (for opioid nausea).

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Antiemetics (for opioid nausea).

**Decision rationale:** The MTUS Guidelines do not address the use of ondansetron. The ODG does not recommend the use of antiemetics for nausea and vomiting secondary to chronic opioid use. Ondansetron is FDA approved for use with nausea as a result of chemotherapy or radiation treatments, post-operative nausea, and acutely in gastroenteritis. The request for Ondansetron 8mg oral disintegrating tablet, quantity 30 is determined to not be medically necessary.

**Tramadol extended release 150mg quantity 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids; When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not indicate that the injured worker is experiencing significant pain reduction and objective functional improvement associated with the chronic use of tramadol. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for tramadol extended release 150mg quantity 90 is determined to not be medically necessary.

**Levofloxacin 750mg quantity 30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shaffer WO, Baisden J, Fernand R, Matz P.: Antibiotic prophylaxis in spine surgery.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Antibiotic prophylaxis in spine surgery. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

**Decision rationale:** The injured worker is noted to be scheduled for cervical spine surgery. The MTUS Guidelines and ODG do not address the use of antibiotic prophylaxis in spine surgery. The National Guideline Clearinghouse recommends the prophylactic use of antibiotics in spine surgery. The consensus recommendation for simple uncomplicated spine surgery (without instrumentation or comorbidities) is 1 single preoperative dose of antibiotic of choice with intraoperative redosing as needed. The consensus recommendation for instrumented spine surgery, prolonged procedures, comorbidities (e.g., diabetes, neuromuscular disease, cord injury or general spine trauma) is 1 single preoperative dose of antibiotic of choice + consideration of additional gram-negative coverage and/or the application of intrawound vancomycin or gentamicin. As the injured worker is having an anterior cervical discectomy fusion of C4-C6, the medical necessity of this request has been established within the recommendations of the National Guideline Clearinghouse. The request for Levofloxacin 750mg quantity 30 is determined to be medically necessary.