

Case Number:	CM15-0041145		
Date Assigned:	03/11/2015	Date of Injury:	07/01/2004
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 50-year-old female, who sustained an industrial injury on July 1, 2004. She has reported neck pain and lower back pain. Diagnoses have included lumbago, cervical spine discopathy with radiculitis, and lumbar spine discopathy. Treatment to date has included medications, acupuncture, injections, and imaging studies. A progress note dated January 12, 2015 indicates a chief complaint of neck pain with radiation to the upper extremities, headache, and lower back pain with radiation to the lower extremities. The treating physician documented a plan of care that included medications and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Pain (Chronic).

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

Decision rationale: The 50-year-old patient complains of pain in the cervical and lumbar spine, rated at 8/10, that radiates to the upper and lower extremities respectively, as per progress report dated 11/25/14. The request is for Ondansetron 8 mg # 30. The RFA for the case is dated 01/30/15, and the patient's date of injury is 07/01/04. Diagnoses, as per progress report dated 11/25/14, included cervical discopathy with radiculitis and lumbar discopathy. The progress reports do not document the patient's work status. Ondansetron (Zofran) is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. As per ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea), the medication is not recommended for nausea and vomiting secondary to chronic opioid use. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, Ondansetron is noted on two requests for authorization forms, dated 09/23/14 and 01/22/15. The request for authorization, dated 01/22/15, states that the patient suffers from significant abnormalities in the cervical spine which lead to headaches and associated nausea. The RFA letter also states that Ondansetron has proven to be very effective with treating this particular type of nausea. Nonetheless, ODG guidelines recommend Ondansetron only for nausea and vomiting secondary to chemotherapy, radiation treatment, post-operative use and acute gastroenteritis. The medical records provided do not show that the patient presents with any of the requirements needed for this prescription. Hence, the request is not medically necessary.

Levofloxacin 750mg 330: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Infectious Diseases.

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

Decision rationale: The 50-year-old patient complains of pain in the cervical and lumbar spine, rated at 8/10, that radiates to the upper and lower extremities respectively, as per progress report dated 11/25/14. The request is for Levofloxacin 750 mg 330. The RFA for the case is dated 01/30/15, and the patient's date of injury is 07/01/04. Diagnoses, as per progress report dated 11/25/14, included cervical discopathy with radiculitis and lumbar discopathy. The progress reports do not document the patient's work status. ODG guidelines, chapter 'Infectious diseases' and topic 'Levofloxacin (Levaquin)', states that the medications are recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). In this case, Levofloxacin is noted in two requests for authorization forms dated 09/23/14 and 01/22/15. The RFA, dated 01/22/15, states that the antibiotic is being prescribed as a routine precaution to avoid post operative infection. In progress report dated 11/25/14, the treating physician states that the patient is awaiting authorization for a cervical spine surgery. Although the progress report does not include the request for an antibiotic, the request for Levofloxacin may be related to this procedure. However, it is not clear if the patient has been authorized for the surgery or not. The

available medical reports do not provide the information required to make a determination based on ODG guidelines. Hence, the request is not medically necessary.