

<b>Case Number:</b>	CM15-0047222		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/13/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Emergency 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 57 year old male, who sustained an industrial injury on 4/13/14. The injured worker was diagnosed as having lumbar discopathy. Treatment to date has included epidural injection, physical therapy and activity modification. Currently, the injured worker complains of increasing pain in low back with progressive neurologic deficits. Upon physical exam palpable paravertebral muscle tenderness with spasm is noted along with point tenderness across iliac crest into the lumbosacral spine. Range of motion of lumbar spine is restricted. The treatment plan consists of lumbar surgery, post-operative medications and durable medical supplies. Services requested for review are for post/peri-operative lumbar spine surgery period. Only other medical problem documented is hypertension. Medication taken prior to surgery is noted to be Tramadol 50mg and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG) Infectious Diseases.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70(3):195-283.

**Decision rationale:** There are no sections in the MTUS Chronic pain, ACOEM or Official Disability Guidelines concerning this issue. Antibiotics may be given for postoperative prophylaxis for infections. As per clinical practice guideline as quoted above, prophylactic antibiotics are usually only recommended as single dose or less than 24hours. The number of tablets prescribed is not appropriate. There is no documentation of any other comorbidities that require prolong antibiotic therapy. Levofloxain is not medical necessary.

**Odansetron 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain(Chronic), Antiemetics (for opioid nausea).

**Decision rationale:** There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Ondansetron/Zofran is an anti-nausea medication. As per Official Disability Guide (ODG), anti emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Patient may have some post-operative nausea but the number of tablets requested is not consistent with short term use. Ondansetron is not medically necessary.

**Tramadol extended release (ER) 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Weaning of Medications Page(s): 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Tramadol/Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meets the appropriate documentation required by MTUS. Patient should get analgesic medications after surgical procedure but patient should be reassessed for need of continued therapy within a short time and dose of tramadol should be adjusted or weaned. The number of requested tablets does not correlate with appropriate monitoring or plan for weaning after surgery. Documentation fails MTUS guidelines for chronic opioid use. Ultram is not medically necessary.