

<b>Case Number:</b>	CM15-0084952		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/11/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: 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 57-year-old employee who has filed a claim for chronic low back, hip, and shoulder pain reportedly associated with an industrial injury of November 11, 2010. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for Celexa, oxycodone, Medrol, and Levaquin. The referenced a March 20, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. In a RFA form, dated April 22, 2015, oxycodone was renewed. In an associated progress note of the same date, April 22, 2015, the applicant reported ongoing complaints of hip pain. The applicant was apparently pending physical therapy and had received recent hip corticosteroid injection. 5/10 low back pain was reported. The applicant was on Lyrica, estazolam, Ativan, Wellbutrin, Prilosec, TriCor, dietary supplements, Flonase, and Celexa, it was reported. The applicant apparently exhibited a normal gait. The applicant had undergone earlier failed lumbar spine surgery, it was stated. The applicant had also undergone a revision spine surgery on January 21, 2015. The attending provider suggested that the applicant pursue another hip or trochanteric bursa injection. Oxycodone was renewed while the applicant was placed off of work, on total temporary disability. The applicant apparently received a greater trochanteric bursa injection in the clinic. The claims administrator's medical evidence log suggested that the April 22, 2015 note and associated RFA form represented the sole notes on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Citalopram 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

**Decision rationale:** No, the request for Celexa, a SSRI antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Celexa often take "weeks" to exert their maximal effect, here, however, it was suggested (but not clearly stated) that the applicant had been using Celexa for several months as of the sole progress note provided, April 22, 2015. There was no mention as to whether or not ongoing usage of Celexa had or had not proven effective. The fact that the applicant remained off of work, on total temporary disability, coupled with the fact that ongoing usage of Celexa failed to curtail the applicant's dependence on benzodiazepine anxiolytics such as Ativan and estazolam, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Oxycodone 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids page(s): 80.

**Decision rationale:** Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the sole progress note provided, April 22, 2015. 5/10 pain complaints were reported on that date. The attending provider failed to outline either quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.

**Methylprednisone dose pack 4mg #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 (ODG), Low Back, Oral/parenteral corticosteroids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 308. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, Table 2: Summary of Recommendations by Low Back Disorder (continued), pg 346.

**Decision rationale:** Similarly, the request for a methylprednisolone dose pack, an oral steroid, was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the low back. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 notes that oral steroids such as the medrol dose pack at issue are deemed "not recommended" in the evaluation and management of ongoing low back pain complaints, as were/are present here. Little-to-no applicant-specific information accompanied the request to augment the same. It did not appear that the March 20, 2015 progress note and/or associated RFA form in which the article in question was proposed were incorporated into the IMR packet to augment the request at hand. While the Third Edition ACOEM Guidelines Low Back Chapter does acknowledge in Table 2, page 346 that glucocorticosteroids such as the medrol dose pack at issue are "recommended" for applicants with acute severe radicular pain syndromes, here, however, there was no mention of the applicant's having an acute severe radicular pain syndrome as of the sole progress note provided dated April 22, 2015. Therefore, the request was not medically necessary.

**Levofloxacin 750mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 247.

**Decision rationale:** Finally, the request for levofloxacin (Levaquin), a fluoroquinolone antibiotic, was not medically necessary, medically appropriate, or indicated here. Based on the admittedly limited information on file, which did not apparently include the March 20, 2015 progress note and/or associated RFA form on which the article in question was sought, the request apparently represented a request for antibiotic usage following a hip greater trochanteric bursitis injection performed on April 22, 2015. The MTUS does not address the topic of perioperative or periprocedure antibiotic usage. While the Third Edition ACOEM Guidelines Hip and Groin Chapter does acknowledge on page 247 that one-day usage of systemic antibiotics is moderately recommended for applicants undergoing surgical hip procedures, the hip corticosteroid injection performed on April 22, 2015 did not, however, constitute or represent a surgical procedure for which periprocedure antibiotic usage would have been indicated. It is further noted that the 10-tablet supply of levofloxacin (Levaquin) at issue represents treatment well in excess of the one-day usage of systemic antibiotics recommended

on page 247 of the Third Edition ACOEM Practice Guidelines. Therefore, the request was not medically necessary.