

<b>Case Number:</b>	CM14-0119352		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 47 year old female with a date of injury on 05/20/14. Diagnoses include cervical discopathy, left shoulder impingement, lumbar discopathy, and L4-5 radiculopathy. Subjective complaints are of constant cervical spine, lumbar spine, and shoulder pain. Physical exam showed tenderness to palpation at the cervical spine, lumbar spine, shoulders and legs. There was a positive Spurling's sign, positive shoulder impingement, and positive straight leg raise test. Medications include tramadol, Orphenadrine, Naproxen, Ondansetron, Omeprazole, and Terocin patches. Records indicate that the patient has failed conservative measures as well as 3 lumbar epidural steroid injections, and was being considered for surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150 mg once a day as needed for severe pain, QTY: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy.

Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, and ongoing efficacy of medication. Furthermore, the records do not demonstrate improvement in function from long-term use. Therefore, the medical necessity of tramadol is not established at this time.

**Levofloxacin 750 mg once a day for seven days after surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Levofloxacin [www.drugs.com](http://www.drugs.com)

**Decision rationale:** CA MTUS and the ODG do not address the use of postoperative antibiotics. FDA prescribing information indicates that Levofloxacin is a broad-spectrum antibacterial agent. While consideration for antibiotic postoperative therapy is reasonable, the submitted documentation does not indicate that surgery was recently performed or if surgery was even certified. Therefore, the medical necessity for Levofloxacin is not established at this time.

**Orphenadrine Citrate, one by mouth every 8 hours as needed for pain and spasm, QTY:120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and does not show objective evidence of functional improvement with this medication. Therefore, the medical necessity of Orphenadrine is not established.