MAXIMUS Federal Services

Case Number:	CM14-0146650		
Date Assigned:	09/12/2014	Date of Injury:	12/02/2012
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the provided documents, this is a 55-year-old male who was injured on 12/2/12 with a cumulative trauma injury. The disputed requests are for medications Sumatriptan Succinate, cyclobenzaprine, ondansetron and levofloxacin all prescribed on 7/1/13. There were 2 other medications requested at that time, the analgesic tramadol ER and omeprazole proton pump inhibitor. There is an Initial Orthopedic Evaluation by the prescribing physician from 3/18/13 (99). The patient was a firefighter. There is gradual onset of pain in the lower back, knees, neck. There is specific trauma anterior cruciate ligament injury to the right knee around 1993. He had been evaluated on 12/20/12 by a different provider for the low back. Radiographs were taken, he was sent for physical therapy. There is discussion that during the course of his career as a firefighter there are multiple non orthopedic complaints including skin, sleep, pulmonary, GERD and high blood pressure/cardio. He had skin cancer with 2 Mohs surgeries. In the neck there is constant neck pain associated with headaches that are "migrainous in nature". The headaches cause nausea. The report states that these types of headaches are common with abnormalities noted in the cervical spine. There is no mention of a history of migraine headaches or any typical migraine prodromal symptoms. There is no mention of the frequency of the headaches, where in the head that the headaches occur, or how long they last. There is no mention of what if any previous treatment has been provided for the headaches. There is low back pain with intermittent radiation down the right lower extremity and occasional numbness in the feet. There is bilateral knee pain. The examination did not include any central nervous system examination. In the neck there was paravertebral muscle spasm and tenderness. There was generalized weakness and numbness in the upper extremities. The low back had pain and tenderness, spasm and L5-S1 dysesthesia. Knees were tender in the anterior joint line with the patellar grind test positive, no instability anterior drawer and pivot shift tests were negative. Diagnoses were cervical spine

lumbar discopathy, carpal tunnel/double crush syndrome and internal derangement bilateral knees. He was recommended for PT, comprehensive home exercise program, MRIs of the neck, back, and electrodiagnostic studies. Medications included naproxen 550 mg #100, cyclobenzaprine 7.5#120 this states that this should be taken only in short courses for acute spasms not to exceed 3 times a day. Sumatriptan Succinate 25 mg #9X2, take one at the onset of the headache and repeat 2 hours later if needed. Ondansetron ODT tablets 8 mg #30 X2 taken as needed for nausea no more than twice a day. This notes patient's complaint of nausea associated with headaches and the neck pain. Omeprazole, Medrox, tramadol/acetaminophen are also prescribed. The patient was TTD, note was made that he was retiring on 3/31/13 and follow-up was for 6 weeks. A 7/1/13 report from the same provider indicates patient had continued symptoms in the neck, chronic headaches, tension between the shoulder blades and migraines. All conservative measures had failed including activity modification, PT and pain management. The symptoms in the lumbar spine and knees had not changed significantly. The headaches that are "migrainous in nature" associated with periods of increased pain in the neck causing nausea was not alleviated by Prilosec. The patient was reportedly compliant with the medications. Physical examination of the neck, lumbar spine and bilateral knees did not show any changes from the initial evaluation noted above. Diagnoses were unchanged. Treatment plan recommended surgical intervention with an anterior cervical miscrodiscectomy and hardware, C5-6. The patient was again given naproxen, cyclobenzaprine, Sumatriptan Succinate, ondansetron, omeprazole on the same dose and quantity as noted above. Tramadol extended-release capsules 150 mg #90 were given. Levofloxacin 750 mg #30 to be taken 1 tablet a day by mouth for 7 days to avoid postoperative infection was prescribed. Patient was still TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Succinate tablets 25mg, #18, DOS 7/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: https://www.gsksource.com/gskprm/htdocs/documents/IMITREX-TABLETS-PI-PIL.PDF

Decision rationale: The MTUS guidelines do not address this medication for treatment of headaches. This is also known as the brand-name Imitrex. Report indicates that this is being given for "migrainous headaches" that is associated with the cervical spine pain. There is no specific diagnosis of a migraine headache however. Additionally, there is no documentation of symptoms consistent with actual migraine headaches, which is a centrally mediated vascular phenomenon unrelated to musculoskeletal pain. Prescribing information states that this medication is indicated only for the acute treatment of migraine attacks with or without aura. It is not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine (see Contraindications). Safety and effectiveness of Imitrex Tablets have not been established for cluster headaches. Prescribing information warns that this should only be

used where a clear diagnosis of migraine headache has been established. Therefore, for Succinct tablets 25mg, #18, DOS 7/1/13 is not medically necessary.

Retrospective request for Cyclobenzaprine Hydrochloride tablets 7.5mg, #120, DOS 7/1/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PART 2 Page(s): 63-64.

Decision rationale: Cyclobenzaprine is a sedating muscle relaxant also known as Flexeril. The MTUS guidelines specifically recommend this medication only for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. Although the instructions for the medication document that it is going to be used for a short course and as needed, the patient was given a quantity sufficient for daily use at the initial evaluation and this was then refilled on 7/1/13. Either the patient did not need a refill or he used it every day in between the appointments. If use was regular, there was no objective functional benefit from it. Thus, Cyclobenzaprine Hydrochloride tablets 7.5mg, #120, DOS 7/1/13 is not medically necessary.

Retrospective request for Ondansetron ODT tablets 8mg #30 X 2 Qty: 60, DOS 7/1/13: 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) Treatment for Workers' Compensation (TWC) Pain Procedure Summary, last updated 7/10/14

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: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000157/

Decision rationale: The MTUS guidelines do not address this medication. Per the above website, Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. Ondansetron is in a class of medications called 5-HT3 receptor antagonists. It works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting. The patient is not postoperative or receiving cancer chemotherapy or radiation. There is no indication that other anti-nausea agents were not effective. Note is made that Prilosec which was mentioned as not being useful for the nausea is a proton pump inhibitor used to treat upper gastrointestinal irritation, not centrally mediated nausea. Therefore, based upon the evidence and the guidelines this medication is not approved.

Retrospective request for Levofloxacin 750mg #30, DOS 7/1/13: 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 2013, 43rd Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) infectious diseases Other Medical Treatment Guideline or Medical Evidence: http://www.jaaos.org/content/16/5/283.short Prophylactic Antibiotics in Orthopedic Surgery J Am Acad
Orthop Surg May 2008 vol. 16 no. 5 283-29

Decision rationale: The MTUS guidelines do not address postoperative antibiotic prophylaxis. The ODG states that this antibiotic is recommended as 1st line treatment for osteomyelitis, chronic bronchitis and pneumonia. There is no mention of postoperative use. The patient does not have any of these diagnoses. The instructions for this antibiotic of the patient's use this for 7 days postoperatively. The reference article cited above states that to be effective in orthopedic surgery prophylactic antibiotics must be administered just before incision and the duration of administration should not exceed 24 hours. Therefore, use of Levofloxacin 750mg #30 is not supported by the evidence and guidelines and is not medically necessary.