

Case Number:	CM14-0181114		
Date Assigned:	11/05/2014	Date of Injury:	07/14/2011
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal 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:

Pursuant to the progress note dated July 30, 2012, the IW was recommended to undergo a surgical intervention with respect to the cervical spine. Surgery has been authorized and scheduled for August of 2012. The IW complains of symptomology in the cervical spine and wished to proceed with surgery. Physical examination revealed paravertebral muscle tension. There is positive axial loading compression test. There is extension of symptomology in the upper extremities with generalized weakness and numbness in the arms and hands. The IW was diagnosed with cervical discopathy. The following postoperative medications were given: Naproxen Sodium 550mg, Levofloxacin 750mg, Cyclobenzaprine 7.5mg, Sumatriptan Succinate 25mg, Ondansetron ODT 8mg, Omeprazole Delayed Release 20mg, and Medrox pain relief ointment 120gms. The IW is working full duty and may do so up until the time of surgery as noted by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120 dispensed on 8/27/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary (updated 10/2/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #120 date of service August 27, 2012 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated when patients take non-steroidal anti-inflammatory drugs and have associated risk factors for gastrointestinal events. These risks include, but are not limited to, age greater 65; history peptic ulcer, G.I bleeding, or perforation; concurrent use of aspirin or steroids; high-dose/multiple non-steroidal anti-inflammatory use. In this case, the July 30, 2012 progress note was reviewed. There was no documentation containing any co-morbid problems her past medical history referencing the risk factors above. Specifically, there is no history of peptic disease, G.I. bleeding, concurrent aspirin use or multiple non-steroidal anti-inflammatory drugs. The treating physician states that the injured worker was undergoing surgical intervention with respect to the cervical spine. This is an incomplete description with respect to a major surgical procedure. Consequently, Omeprazole 20 mg #120 is not medically necessary.

Ondansetron ODT 8mg #30 with two refills dispensed on 8/27/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Zofran

Decision rationale: Pursuant to the Official Disability Guidelines, Zofran ODT 8 mg #30 with two refills (date of service August 27, 2012) is not medically necessary. Zofran is FDA approved for nausea and vomiting secondary chemotherapy and radiation treatment. It is also FDA approved for post-operative use. In this case, the treating physician was going to perform a surgical intervention with respect to the cervical spine. It is unclear what procedure was going to be performed. Therefore, Ondansetron ODT 8mg #30 with two refills is not medically necessary.

Medrox pain relief ointment 120gm with two refills dispensed on 8/27/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Medrox ointment 120 g with two refills (date of service August 27, 2012) is not medically necessary. Topical and logistics are largely experimental with few controlled

trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains a one drug (or drug class) that is not recommended is not recommended. Medrox ointment contains methyl salicylate, menthol and Capsaicin. In this case, the treating physician was scheduled to perform a surgical intervention with respect to the cervical spine. It is unclear what procedure was going to be performed. Additionally, menthol is not recommended. Any compound products that contains at least one drug (menthol) that is not recommended, is not recommended. Consequently, Medrox Ointment is not recommended and is not medically necessary.

Levofloxacin 750mg #30 dispensed on 8/27/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

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.nlm.nih.gov/medlineplus/druginfo/meds/a697040.html>

Decision rationale: Pursuant to Medline plus, Levaquin 750 mg #30 (date of service August 27, 2012) is not medically necessary. Levaquin is an antibiotic used to treat certain infections such as pneumonia, chronic bronchitis, urinary tract infections, etc. see attached link for additional details. In this case, the treating physician was scheduled to perform a surgical intervention with respect to the cervical spine. There was no specific surgical procedure documented in the medical record. Additionally, there is no explanation or rationale as to why 30 days of Levaquin are indicated in a post-surgical procedure. Consequently, Levaquin 750 mg #30 is not medically necessary.

Sumatriptan Succinate 25mg #9 with two refills dispensed on 8/27/12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Head Procedure Summary (updated 8/11/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697040.html>

Decision rationale: Pursuant to the MEDLINEplus, Sumatriptan succinate 25 mg #9 with two refills (date of service August 27, 2012) is not medically necessary. Sumatriptan is used to treat symptoms of migraine headaches. See attached link for details. In this case, the injured worker was scheduled to have surgical intervention with respect to the cervical spine. There was no discussion of headaches, migraine headaches or any other indication for the use of Sumatriptan documented in the August 27, 2012 progress note. Consequently, absent the appropriate documentation and causal need, Sumatriptan succinate 25 mg #9 with 2 refills is not medically necessary.

