

Case Number:	CM14-0203793		
Date Assigned:	12/16/2014	Date of Injury:	11/27/2007
Decision Date:	01/31/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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:

The injured worker (IW) is a 54-year-old woman with a date of injury of November 27, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbago; cervicgia, status post-surgery; carpal tunnel syndrome; and internal derangement knee. The IW is status post C5-C6 anterior cervical discectomy and fusion on October 10, 2014. Pursuant to the sole Primary Treating Physician's Progress Report (PR-2) dated October 28, 2014, the IW complains of constant pain in the cervical spine that is aggravated by repetitive motions of the neck. The pain is characterized as dull. The pain radiates to the upper extremities. There are associated headaches that are migraine in nature as well as tension between the shoulder blades. The pain is rated 5/10 on a scale from 1 to 10. Examination of the cervical spine revealed a well-healed incision. There were no signs of infection, wound dehiscence or drainage noted. There was some mild cellulitis and erythema around the surgical site. There was paravertebral tenderness with spasms. Seated nerve root test is positive. Range of motion was guarded and restricted. Coordination and balance was intact. The provider indicated the treatment plan was discusses with the IW. He reports that medications will be refilled under a separate cover letter. That cover letter with current medications was not present in the medical record. It is unclear as to what medications the IW is taking and for how long she has been taking them. The provider indicates the IW is benefiting from her medications. She is taking them as directed. The medications are improving her activities of daily living (ADL) and make it possible for her to continue and/or maintain ADLs. There were no detailed pain assessments or evidence of objective functional improvement associated with the specific medications taken by the IW. The current request is for Fenoprofen Calcium (Nalfon) 400mg day #120, Omeprazole 20mg #120, Ondansertron 8mg ODT #30, Cyclobenzaprine HCL 7.5mg #120, Tramadol ER 150mg #90, and Levofloxacin 750mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Fenoprofen Calcium (Nalfon) 400mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID 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, Fenoprofen (Nalfon) 400 mg #120 not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients moderate to severe pain. In this case, the injured worker is status post discectomy cervical spine; lumbago; carpal tunnel syndrome; and internal derangement the knee. The documentation indicates the injured worker is taking medications. Medication refills were ordered under a separate cover letter. There was no documentation in the medical record as to what medications are being taken and for how long. Fenoprofen is a nonsteroidal anti-inflammatory drug certainly indicated post surgery pain associated with inflammation. However, there is no documentation indicating objective functional improvement with clinical indication for its use. Consequently, absent the appropriate clinical documentation and clinical indication, Fenoprofen (Nalfon) 400 mg #120 not medically necessary.

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #120 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs who are at risk for certain gastrointestinal abeyance. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin, corticosteroids; or high-dose/multiple monster at anti-inflammatory drugs. In this case, the injured worker is status post discectomy cervical spine; lumbago; carpal tunnel syndrome; and internal derangement knee. There is no past medical history or corporate condition compatible with the risk factors enumerated above. Specifically, there is no history of peptic disease, G.I. bleeding or concurrent use of aspirin. Consequently, absent the appropriate

clinical indications or supporting clinical facts on going Omeprazole use, Omeprazole 20 mg #120 is not medically necessary.

Ondansetron 8mg #30: 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 Official Disability Guidelines (ODG); Pain Section, Ondansetron.

Decision rationale: Pursuant to the Official Disability Guidelines, Ondansetron 8 mg #30 is not medically necessary. Ondansetron (Zofran) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and for gastroenteritis. In this case, the injured worker is status post discectomy cervical spine; lumbago; carpal tunnel syndrome; and internal derangement knee. The documentation does not contain a clinical rationale for Zofran use. The injured worker is not receiving chemotherapy or radiation treatment. The worker does not have the gastroenteritis. The worker is in the postoperative period but the documentation doesn't support postoperative use. Consequently, absent the appropriate documentation and clinical indication, Ondansetron 8 mg #30 is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 150 mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. In this case, the injured worker is status post discectomy cervical spine; lumbago; carpal tunnel syndrome; and internal derangement knee. The documentation does not contain evidence as to the clinical indication for tramadol. There is a single progress note in the postoperative period and there are no medications listed in that post operative note. There is no documentation of objective functional improvement with regards Tramadol. Consequently, absent the appropriate clinical documentation to support the ongoing use of tramadol, the appropriate clinical indication rationale, tramadol ER 150 mg #90 is not medically necessary.

Levofloxacin 750mg #30: 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 <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682461.html>.

Decision rationale: Pursuant to Medline plus, Levofloxacin 750 mg #30 is not medically necessary. Levofloxacin is an antibiotic used to treat certain infections such as pneumonia, chronic bronchitis, urinary tract and skin infections. For additional details see attached link. In this case, the injured worker is status post discectomy cervical spine; lumbago; carpal tunnel syndrome; and internal derangement knee. The injured worker is several weeks post cervical discectomy. The documentation contains a single progress note in the postoperative period. The progress note indicates medications are listed on a separate cover. The documentation does show some redness at the surgical site with no signs of infection. This does not require a 30 day supply of levofloxacin 750 mg. At most, a 7 day supply would be appropriate but the documentation does not reflect the physician's thoughts. Consequently, absent the appropriate clinical indication and documentation, Levofloxacin 750 mg #30 is not medically necessary.

Cyclobenzaprine HCL 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain the short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is status post discectomy cervical spine; lumbago; carpal tunnel syndrome; and internal derangement knee. The injured worker is several weeks post cervical discectomy. The documentation contains a single progress note in the postoperative period. There is no clinical indication or clinical rationale for cyclobenzaprine 7.5 mg use. There is no documentation containing objective functional improvement with cyclobenzaprine use. The duration of cyclobenzaprine use is not documented in the medical record. Consequently, after the appropriate clinical documentation indicating the total duration of Cyclobenzaprine use, documentation with a clinical indication and rationale, Cyclobenzaprine 7.5 mg #120 is not medically necessary.