

Case Number:	CM14-0219051		
Date Assigned:	01/09/2015	Date of Injury:	08/08/2006
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 is a 50 year old male who suffered a related injury on 08/08/06 during a motor vehicle accident. Per the physician's note from 11/25/14, the injured worker was prescribed Omeprazole, Ondansetron, Medrox, and Levofloxacin. These treatments were noncertified by the Claims Administrator of 12/04/14. The Omeprazole was non-certified due to no details provided as to how and why it was used and its effectiveness. The Ondansetron was non-certified as it is approved for vomiting secondary to chemo and radiation treatment and postoperative use. The Medrox is non-certified as the use of topicals is not supported by clinical guidelines. There is no information regarding the non-certification of the Levofloxacin available on the UR document. MTUS and ODG were cited. The denied treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #120, DOS: 3/5/12: 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
Recommend with precautions as indicated below. Clinicians should weight the indications for NSA.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records do not report any history of any GI related disorder or issue of side effect with NSAID or other medication. As such the medical records provided for review do not support a medical necessity for omeprazole in the insured.

Retrospective Ondansetron 8mg #30, DOS: 3/5/12: 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 Physician Desk Reference - Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. It is in a class of medications called 5-HT3 receptor antagonists and works by blocking the action of serotonin, a natural substance that may cause nausea and vomiting.

Decision rationale: The medical records provided for review do not document a condition of nausea/vomiting in relation to any ongoing treatment of cancer, chemotherapy, radiation therapy or surgery. There is no indication of nausea or vomiting not controlled by first line agents. Ondansetron is supported for nausea/vomiting related to cancer chemotherapy, radiation therapy and surgery in reference by Physician Desk reference. As the medical records do not reflect any of these conditions, ondansetron is not supported for the insured.

Retrospective Medrox ointment 120gm, DOS: 3/5/12: 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
Recommended as an option as indicated below. Largely experimental in use with few randomized con.

Decision rationale: MTUS notes topical NSAIDS and other agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). Medrox cream may be used in peripheral joint arthritis such as knee and is not supported under MTUS for use on spine. The medical records note pain but do not indicate origin of pain or indicate a neuropathic pain condition. As such the medical records provided for review do not support use of medrox cream congruent with MTUS guidelines.

Retrospective Levofloxacin 750mg #30, DOS: 3/5/12: 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 Ciprofloxacin is indicated by FDA supported label for the treatment of infection.

Decision rationale: The medical records provided for review do not document a condition of infection in relation to any ongoing treatment. There is no indication of infection, fever, infection site. Levofloxacin is supported for infection in reference by Physician Desk reference. As the medical records do not reflect any of these conditions, levofloxacin is not supported for the insured.