

Case Number:	CM14-0088201		
Date Assigned:	08/08/2014	Date of Injury:	08/18/2010
Decision Date:	05/13/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old female who reported injury on 08/18/2010. The mechanism of injury was cumulative trauma. There were 2 Requests for Authorization submitted for review dated 05/16/2014. The medications were noted to be preoperative meds not yet dispensed for carpal tunnel syndrome surgery on 05/23/2014. The documentation indicated the levofloxacin was to be taken once a day for 7 days after surgery to avoid infection. The tramadol was to be taken once a day for severe pain. The orphenadrine citrate was to be taken once every 8 hours for spasms. The omeprazole was to be taken for an upset stomach. The ondansetron was to be taken for stomach cramping and nausea. The naproxen was to be taken once every 12 hours with food as needed, and the Terocin patch was for mild to moderate acute or chronic aches and pains. All of the requested medications were noted to be for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 website: <http://www.drugs.com/mtm/levofloxacin.html>.

Decision rationale: Per drugs.com, "Levofloxacin is used to treat bacterial infections of the skin." The clinical documentation submitted for review indicated the injured worker was to take 7 tablets 1 per day which would not equate to 30 tablets. The request as submitted failed to indicate the frequency for the requested medication. These medications were noted to be preoperative medications, and the injured worker would be exposed to bacteria intraoperatively. As such, this medication would have been supported for 7 days. However, as there was no frequency and the quantity was #30, the request for Levofloxacin 750mg #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 Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the medication was for postoperative use, and the injured worker was to use 1 daily for severe pain. This would not equate to 90 tablets. This request would be support for the immediate postoperative period. There would not need to be documentation of objective improvement in function, objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects for the immediate postop period. The request as submitted failed to indicate the frequency. Given the above and the lack of documentation of exceptional factors, the request for Tramadol ER 150mg #90 is not medically necessary.

Orphenadrine Citrate ER 100mg #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): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term relief of pain. The clinical documentation submitted for review indicated the medication was to be taken as needed for spasms and pain every 8 hours. This would not equate to 120 tablets. Additionally, the medication is recommended for no longer than 3 weeks. The request as submitted failed to

indicate the frequency for the requested medication. Given the above, the request for Orphenadrine Citrate ER 100mg #120 is not medically necessary.

Ondansetron 8mg #60: 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 chapter, Ondansetron, Antiemetics.

Decision rationale: The Official Disability Guidelines indicate that ondansetron is appropriate for use postoperatively. The documentation indicated the injured worker was to use the medication as needed for no more than 2 per day. This medication is for short term use postoperatively. 60 tablets would be excessive. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ondansetron 8mg #60 is not medically necessary.

Naproxen Sodium 550mg #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 NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of mild to moderate pain. This medication would be appropriate. However, the quantity 120 would be excessive. The documentation indicated the injured worker was to utilize the medication 1 every 12 hours as needed. This would equate to a maximum of 60 per month. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen Sodium 550mg #120 is not medically necessary.

Terocin Patches #30: 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 Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors as lidocaine is recommended in a Lidoderm patch form only. The request as submitted failed to indicate the frequency and the specific dosage for the medication. Given the above, the request for Terocin Patches #30 is not medically necessary.