

Case Number:	CM14-0094566		
Date Assigned:	07/25/2014	Date of Injury:	09/17/2010
Decision Date:	07/15/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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: New York

Certification(s)/Specialty: Internal Medicine

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 58 year old male, who sustained an industrial injury on September 17, 2010. The injured worker was diagnosed as having status post C4-C7 hybrid reconstruction with retained symptomatic hardware, status post L4-S1 posterior lumbar interbody fusion, bilateral carpal tunnel syndrome/double crush, right cubital tunnel syndrome, rule out internal derangement bilateral hips, and plantar fasciitis. Treatment to date has included lumbar surgery, x-rays, cervical surgery, and medication. On April 29, 2013, the injured worker complained of minimal low back pain with the symptomology of the cervical spine, right upper extremity, bilateral hips, and right foot essentially unchanged. The Primary Treating Physician's report dated April 29, 2013, was noted to show the injured worker had undergone a lumbar stabilization and decompression procedure with marked improvement in his overall symptomology, with no further radicular pain component in the lower extremities. Examination of the cervical spine was noted to show tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, and pain with terminal motion. Examination of the right upper extremity and right foot were noted to be unchanged. The lumbar spine examination was noted to show tenderness at the anterolateral aspect of the hips and pain with hip rotation and positive Fabere's sign. The Primary Treating Physician's Request for Authorization dated May 9, 2014, was noted to include requests for Levofloxacin, Omeprazole, Tramadol, Sumatriptan, Cyclobenzaprine, and Ondansetron for the dates of service of May 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox 120g, #2 (DOS: 12/05/11): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for Pain Interventions and Guidelines; UpToDate: Camphor and menthol: Drug information.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Medrox is a topical analgesic containing Menthol 5%, Methyl salicylate 20%, and Capsaicin 0.0375%. MTUS provides no evidence recommending the use of topical Menthol. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective Medrox 120g, #2 (DOS: 12/05/11) is not medically necessary by MTUS.

Retrospective Levofloxacin 750mg, #30 (DOS: 03/28/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Infectious Diseases Procedure Summary, Bone & Joint Infections; Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition, pages 192-193: table 15B; Mosby's Drug Consult, Levofloxacin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease, Levofloxacin (Levaquin) and Other Medical Treatment Guidelines <http://www.uptodate.com/contents/antimicrobial-prophylaxis>.

Decision rationale: Per guidelines, Antibiotic prophylaxis is recommended for orthopedic spinal procedures with and without instrumentation, including fusion, laminectomy, and minimally invasive disk procedures. Cefazolin is the agent of choice. Clindamycin and Vancomycin are acceptable alternatives for patients with beta-lactam hypersensitivity. Levaquin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). At the time of the requested service under review, documentation indicated that the injured worker complained of persistent neck pain and was agreeable to proceeding with recommended surgery. Per guidelines, Levaquin is not the recommended as first line for spinal procedure antibiotic

prophylaxis. The request for Retrospective Levofloxacin 750mg, #30 (DOS: 03/28/12) is not medically necessary.

Retrospective Hydrocodone/APAP 10/325mg, #90 (DOS: 03/28/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic multiple joint pain, including neck and low back pain. Documentation fails to show evidence of recent urine drug screen result or adequate improvement in level of function to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Retrospective Hydrocodone/APAP 10/325mg, #90 (DOS: 03/28/12) is not medically necessary.

Retrospective Cyclobenzaprine 7.5mg, #120 (DOS: 05/16/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation at the time of the requested indicated that the injured worker had chronic low back and was status post cervical spine hybrid reconstruction surgery with reported improvement in neck pain. Documentation fails to indicate acute to justify continued use of Cyclobenzaprine. The request for Retrospective Cyclobenzaprine 7.5mg, #120 (DOS: 05/16/12) is not medically necessary per MTUS guidelines.

Retrospective Ondansetron 8mg, #60 (DOS: 12/05/11): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary, Triptans.

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

Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Ondansetron. The request for Retrospective Ondansetron 8mg, #60 (DOS: 12/05/11) is not medically necessary per guidelines.

Retrospective Ondansetron 8mg, #60 (DOS: 03/28/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary, Triptans.

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Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use of Ondansetron. The request for Retrospective Ondansetron 8mg, #60 (DOS: 03/28/12) is not medically necessary per guidelines.

Retrospective Ondansetron 8mg, #60 (DOS: 04/30/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary, Triptans.

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

Decision rationale: Ondansetron (Zofran) is FDA-approved for nausea and vomiting that may be caused by chemotherapy and radiation treatment and for postoperative use. ODG states that this medication is not recommended for nausea and vomiting secondary to chronic opioid use. Documentation fails to show evidence that the injured worker's condition fits criteria for the use

of Ondansetron. The request for Retrospective Ondansetron 8mg, #60 (DOS: 04/30/12) is not medically necessary per guidelines.

Retrospective Medrox 120g, #2 (DOS: 03/28/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Medrox is a topical analgesic containing Menthol 5%, Methyl salicylate 20%, and Capsaicin 0.0375%. MTUS provides no evidence recommending the use of topical Menthol. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective Medrox 120g, #2 (DOS: 03/28/12) is not medically necessary by MTUS.

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Decision rationale: Per guidelines, Antibiotic prophylaxis is recommended for orthopedic spinal procedures with and without instrumentation, including fusion, laminectomy, and minimally invasive disk procedures. Cefazolin is the agent of choice. Clindamycin and Vancomycin are acceptable alternatives for patients with beta-lactam hypersensitivity. Levaquin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). At the time of the requested service under review, documentation indicated that the injured worker complained of persistent neck pain and was scheduled for surgery. Per guidelines, Levaquin is not the recommended as first line for spinal procedure antibiotic prophylaxis. The request for Retrospective Levofloxacin 750mg, #30 (DOS: 04/30/12) is not medically necessary.

Retrospective Levofloxacin 750mg, #30 (DOS: 05/16/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Infectious Diseases Procedure

Summary, Bone & Joint Infections; Sanford Guide to Antimicrobial Therapy 2013, 43rd Edition, pages 192-193: table 15B; Mosby's Drug Consult, Levofloxacin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease, Levofloxacin (Levaquin) and Other Medical Treatment Guidelines <http://www.uptodate.com/contents/antimicrobial-prophylaxis>.

Decision rationale: Per guidelines, Antibiotic prophylaxis is recommended for orthopedic spinal procedures with and without instrumentation, including fusion, laminectomy, and minimally invasive disk procedures. Cefazolin is the agent of choice. Clindamycin and Vancomycin are acceptable alternatives for patients with beta-lactam hypersensitivity. Levaquin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). At the time of the requested service under review, documentation indicated that the injured worker had undergone neck surgery with reported improvement in neck pain. Physician reports fail to indicate any objective findings to establish the medical necessity for Levaquin. Furthermore, Levaquin is not the recommended as first line for spinal procedure antibiotic prophylaxis. The request for Retrospective Levofloxacin 750mg, #30 (DOS: 05/16/12) is not medically necessary.

Retrospective Hydrocodone/APAP 10/325mg, #90 (DOS: 04/30/12): Upheld

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