

<b>Case Number:</b>	CM15-0000529		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 16, 2010. In a Utilization Review report dated December 10, 2014, the claims administrator failed to approve a request for Medrox, Zofran, Prilosec, and Levaquin apparently prescribed on or around December 19, 2011. In a November 20, 2014 RFA form, the attending provider sought retrospective authorization for Medrox, Zofran, Prilosec, Levaquin apparently prescribed on or around December 19, 2011. The attending provider enclosed the prescription form dated November 6, 2014, however, on which Prilosec, Medrox, Levaquin, and Zofran were endorsed through pre-printed checkboxes, without supporting rationale or commentary. In a December 19, 2011 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was apparently pending cervical spine surgery. The applicant was asked to continue working up through the date of surgery. Zofran, tizanidine, Norco, Medrox, and Levaquin were apparently endorsed for postoperative use purposes, thus, it was suggested. There was no mention of the applicant's having issues of reflux, heartburn, and dyspepsia, however. Rather it was suggested (but not clearly stated) that the applicant was given Prilosec for gastroprotective effect. It was stated that Zofran was being given for potential postoperative nausea issues. On September 5, 2013, the applicant's treating provider stated that the applicant had received a multilevel cervical fusion reconstruction procedure on January 6, 2012. The applicant had retired from the workplace, it was reported. Medications were renewed without supporting rationale.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medrox Pain Relief Ointment 120 gm#240 (DOS 12/19/11): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - MEDROX-methyl salicylate, menthol and [dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e14a98fd-3b83](http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e14a98fd-3b83) FDA Guidance's & Info; NLM SPL Resources. Download Data, Label: MEDROX-methyl salicylate, menthol and capsaicin ointment.

**Decision rationale:** No, the request for topical Medrox ointment was not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of menthol, capsaicin, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Medrox ointment at issue. Therefore, the request was not medically necessary.

### **Ondansetron ODT Tablets 8 Mg #60 (DOS 12/19/11): Overturned**

**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:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Ondansetron (marketed as Zofran).

**Decision rationale:** Conversely, the request for Ondansetron (Zofran) was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and to manage expectations. Here, the attending provider did state that Ondansetron (Zofran) was intended for postoperative use purposes following planned multilevel cervical fusion surgery. A subsequent progress note indicated that the applicant had in fact undergone the cervical spine surgery in question. Usage of Zofran (Ondansetron), thus, was indicated to combat potential issues with anesthesia-induced nausea following the multilevel cervical spine surgery which apparently transpired on or around January 6, 2012, particularly in light of the fact that the Food and Drug Administration (FDA) notes that Zofran is in fact used to prevent nausea and vomiting caused by surgery, as transpired here. Therefore, the request was medically necessary.

### **Omeprazole Delayed-Release Capsules 20 Mg #120 (DOS 12/19/11): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAID.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Conversely, the request for omeprazole, a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider seemingly stated that omeprazole was intended for gastric protective effect as opposed to for active symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton-pump inhibitors. Namely, the applicant was less than 65 years of age (age 57), was not using multiple NSAIDs, was not using NSAIDs in conjunction with corticosteroids, and had no known history of prior GI bleeding and/or peptic ulcer disease. Therefore, the request was not medically necessary.

**Levofloxacin 750mg #30 (DOS 12/19/11): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, page 247, ANTIBIOTICS; and on the Non-MTUS ACOEM Occupational Medicine Practice Guidelines, Knee Disorders, 3rd ed., page 458, Table 3, Summary of Recommendations for Pre, Peri, and Post-Operative Issues Related to Knee Disorders.

**Decision rationale:** Finally, the request for oral levofloxacin (Levaquin), a fluoroquinolone antibiotic, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hip and Knee Chapter do moderately recommend one-day usage of systemic antibiotics for applicants undergoing surgical hip and/or knee procedures, i.e., procedures analogous to the cervical fusion surgery which transpired here. Here, however, the request for 30 tablets of Levaquin suggests a lengthy, protracted usage of Levaquin for what appears to be a span of 7 to 10 days. Such usage, however, represents treatment well in excess of the one-day usage of systemic antibiotic endorsed by ACOEM in applicants undergoing surgical procedures analogous to the cervical spine surgery, which transpired here. No rationale for such a lengthy protracted course of antibiotic therapy was furnished by the attending provider. Therefore, the request was not medically necessary.