

Case Number:	CM15-0001145		
Date Assigned:	01/12/2015	Date of Injury:	08/15/2009
Decision Date:	04/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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, California
 Certification(s)/Specialty: Family Practice

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 with an industrial injury dated 08/15/2009 resulting in back pain. He presents for follow up on 11/02/2014 with complaints of constant pain in the cervical spine that is aggravated by repetitive motions of the neck such as pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain is characterized as dull and radiates into the upper extremities. He also complains of headaches. Pain is rated as 4 on a scale of 1 - 10. Examination of the cervical spine reveals a well healing incision. There are no signs of infection, wound dehiscence or drainage noted. There is some cellulitis and erythema around the surgical site. X-ray findings are documented as flexion and extension dynamic radiographs of the cervical spine reveal no implant failure, good position and alignment noted. The patient has had MRI of the low back. He is post cervical 5-6 anterior cervical discectomy and fusion dated 10/24/2014. Other diagnoses include rule out pseudoarthrosis and cervical 5 - cervical 7 junctional kyphotic deformity with graft collapse/instability. The patient's surgical history includes cervical fusion, fascial surgery, sinus surgery, forearm surgery and arthroscopic surgery. Per the doctor's note dated 12/8/14 patient had complaints of pain in neck and back at 4-10/10. He was using a bone stimulator for this injury. Physical examination of the cervical region revealed well healed scar, painful ROM, negative compression test, positive Tinel sign. Physical examination of the lumbar spine revealed tenderness on palpation muscle spasm, positive SLR, limited range of motion, tingling and numbness in leg and foot and 3/5 strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 8mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 02/23/15)Antiemetics (for opioid nausea)Thompson micromedex Ondansetron FDA labeled indication.

Decision rationale: Ondansetron 8mg #30Ondansetron is 5-HT₃ receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG and Thompson Micromedex was used. According to the Thompson micromedex guidelines, FDA labeled indications for Ondansetron include, "Chemotherapy-induced nausea and vomiting, highly emetogenic chemotherapy; Prophylaxis; Chemotherapy-induced nausea and vomiting, moderately emetogenic chemotherapy; Prophylaxis; Postoperative nausea and vomiting; Prophylaxis and Radiation-induced nausea and vomiting; Prophylaxis." Examination of the cervical spine reveals some cellulitis and erythema around the surgical site. He is post cervical 5-6 anterior cervical discectomy and fusion dated 10/24/2014. The medication Levofloxacin 750mg #30 is certified in this patient for post surgical treatment of infection. Therefore the medication Ondansetron 8mg #30 is appropriate for management of GI disturbances due to Levofloxacin. The medication Ondansetron 8mg #30 is medically necessary and appropriate for this patient at this juncture.

Cyclobenzaprine 7.5mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril Page(s): 41-42.

Decision rationale: Cyclobenzaprine 7.5mg #120According to CA MTUS guidelines cited below "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril‚) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients."He is post cervical 5-6 anterior cervical discectomy and fusion dated 10/24/2014. The patient's surgical history includes cervical fusion. Per the doctor's note dated 12/8/14 patient had complaints of pain in neck and back at 4-10/10He was using a bone stimulator for this injury. Physical examination of the cervical region revealed painful ROM and positive Tinel sign. Physical examination of the lumbar spine revealed tenderness on palpation muscle spasm, positive SLR, limited range of motion, tingling and numbness in leg and foot and

3/5 strength. The patient has evidence of muscle spasms. Therefore the request for Cyclobenzaprine 7.5mg #120 is medically necessary and appropriate for prn use during exacerbations.

Levofloxacin 750mg #30: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases (updated 11/11/14) Levofloxacin (Levaquin^{1/2}).

Decision rationale: Request: Levofloxacin 750mg #30As per cited guideline the medication Levofloxacin (Levaquin) "Recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). See Bone & joint infections: osteomyelitis, acute; Lower respiratory." He was post cervical 5-6 anterior cervical discectomy and fusion dated 10/24/2014. Per the note dated 11/2/14, examination of the cervical spine revealed some cellulitis and erythema around the surgical site. The medication Levofloxacin 750mg #30 is medically necessary and appropriate in this patient for post surgical treatment of infection.