

Case Number:	CM15-0170103		
Date Assigned:	09/10/2015	Date of Injury:	08/16/2011
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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:

This is a 45 year old male patient who sustained an industrial injury on 8-16-11. He reported pain in the left foot, right hand, small finger, bilateral knees, left hip, left shoulder, neck, and low back. The diagnoses include chronic neck pain, chronic back pain, sacroiliitis on the left side, degenerative disc disease of the cervical spine, cervical stenosis, degenerative disc disease of the lumbar spine, lumbar facet arthropathy, and lumbar stenosis. Per the doctor's note dated 7-20-15, he had complaints of neck and back pain, occasional night sweat and trouble sleeping. Per the doctor's note dated 7-8-15, he had complaints of neck pain at 5-6/10 and back pain at 7-8/10; minimal fevers, chills, night sweats, stomach pain, and nausea. The physical examination revealed mildly antalgic gait, decreased cervical and lumbar range of motion, decreased pinprick sensation in the left L5 and S1 and left C8 dermatomes and positive straight leg raising test at 60 degrees on the left. The medications list includes tramadol, prilosec, flexeril, levaquin, percocet and zofran. He had been taking Percocet since at least July 2015. He has undergone micro laminectomy discectomy at L5-S1 on 6-26-15. He has had physical therapy, lumbar epidural steroid injections, cervical epidural injections, a sacroiliac joint injection, and medications for this injury. He has had lab tests on 7/6/2015 including ESR 60, normal WBC count and normal CRP. He has had urine drug screen on 8/4/15 which was consistent for percocet. The treating physician requested authorization for Levaquin 550mg #30, Zofran 4mg, and Percocet 10-325mg #120 all for the date of service 7-8-15. On 8-24-15 the request for Percocet was modified to a quantity of 90 only; the utilization review physician noted "the medical necessity of the requested medication is supported to address the postoperative pain complaints." Levaquin and

Zofran were non-certified. Regarding Levaquin, the utilization review physician noted "the use of Levofloxacin is not supported as a standard of care." Regarding Zofran, the utilization review physician noted "there is no documentation of failed trials of first line medications such as Phenergan noted."

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin 550 MG #30 DOS 7/8/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Infectious Diseases (updated 09/12/15) Levofloxacin (Levaquin) and Other Medical Treatment Guidelines Thompson Micromedex guidelines FDA labeled indication for levofloxacin.

Decision rationale: Levaquin 550 MG #30 DOS 7/8/15: Levaquin contains levofloxacin which is antibiotic of fluoroquinolone group. Per the ODG levofloxacin is "Recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP)." Per the cited guidelines levofloxacin is used to treat infection of various etiologies. Per the records provided patient has undergone micro laminectomy discectomy at L5-S1 on 6-26-15. On the 7-8-15, he had complaints of neck pain at 5-6/10 and back pain at 7-8/10; minimal fevers, chills, night sweats, stomach pain, and nausea. The ESR was also elevated. The use of antibiotic like levofloxacin is medically appropriate in such patient with clinical signs of a possible infection-post operative pain, fever, chills, night sweats. The request of Levaquin 550 MG #30 DOS 7/8/15 was medically appropriate and necessary in this patient at that time.

Zofran 4 MG DOS 7/8/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/05/15) Ondansetron (Zofran) Antiemetics (for opioid nausea).

Decision rationale: Zofran 4 MG DOS 7/8/15: Ondansetron is 5-HT₃ receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG was used. According to the ODG guidelines, "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Per the records provided patient has undergone micro laminectomy discectomy at L5-S1 on 6-26-15. On the 7-8-15, he had complaints of neck pain at 5-6/10 and back pain at 7-8/10; minimal fevers, chills, night sweats, stomach pain, and nausea.

The use of anti-emetic like zofran is medically appropriate in such patient with post operative nausea and stomach pain. The request of Zofran 4 MG DOS 7/8/15 was medically appropriate and necessary in this patient at that time.

Percocet 10/325 MG #120 DOS 7/8/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

Decision rationale: Percocet 10/325 MG #120 DOS 7/8/15. Percocet contains oxycodone and acetaminophen. Oxycodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Per the records provided patient has undergone micro laminectomy discectomy at L5-S1 on 6-26-15. On the 7-8-15, he had complaints of neck pain at 5-6/10 and back pain at 7-8/10. He has significant objective findings on the physical examination- mildly antalgic gait, decreased cervical and lumbar range of motion, decreased pinprick sensation in the left L5 and S1 and left C8 dermatomes and positive straight leg raising test at 60 degrees on the left. The use of opioid like percocet was medically appropriate in such patient with significant post operative pain. Therefore, based on the clinical information obtained for this review the request for Percocet 10/325 MG #120 DOS 7/8/15 was deemed medically appropriate and necessary for this patient at this time for prn use.