

<b>Case Number:</b>	CM15-0072208		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	04/13/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 4/13/2014. He reported back pain. The injured worker was diagnosed as having lumbar disc disorder. Treatment to date has included lumbar epidural steroid injection, medications, physical therapy, and cortisone injections. The request is for Omeprazole, Ondansetron, and Levofloxacin. On 8/28/2014, he complained of low back pain. He rated his pain as 8/10 on a pain scale. The treatment plan included: refilling medications that are referred to being under a separate cover letter, and lumbar epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** Guidelines recommend PPI medications for patients at moderate to severe risk for gi complications while on NSAIDs. In this case, there is no documentation that this patient has gastritis or increased risk for gastritis. The request for omeprazole is not medically appropriate and necessary.

**Ondansetron 8mg #30:** 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), Pain, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ondansetron.

**Decision rationale:** Guidelines recommend ondansetron for patients that experience nausea and vomiting after chemotherapy or radiation therapy or post operative nausea and vomiting. In this case, the patient is post op but there is no documentation of post operative nausea and vomiting and there is no documentation that the patient is undergoing chemotherapy or radiation therapy. The request for ondansetron 8 mg #30 is not medically appropriate and necessary.

**Levofloxacin 750mg #30:** 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), Infectious Diseases, Levofloxacin (Levaquin).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR 2014.

**Decision rationale:** Guidelines recommend levofloxacin for post operative infections. In this case, the patient is one week post lumbar spine surgery and there is no documentation that this patient has any indication of post op wound infection to support use of levofloxacin. The request for levofloxacin 750 mg #30 is not medically appropriate and necessary.