

Case Number:	CM15-0097541		
Date Assigned:	05/28/2015	Date of Injury:	05/01/2008
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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 60-year-old who has filed a claim for chronic wrist, neck, and low back pain reportedly associated with an industrial injury of May 1, 2008. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve requests for Prevacid, Zofran, Flexeril, and Levaquin. The claims administrator referenced progress notes of April 20, 2015 and March 24, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 1, 2015, Nalfon, Prevacid, Zofran, Flexeril, tramadol, and Levaquin were endorsed seemingly without any supporting rationale or progress notes. In an associated progress note dated March 24, 2015, the applicant reported multifocal complaints of wrist, knee, and low back pain. The attending provider stated that he was refilling medications under separate cover. A muscle stimulator was endorsed. The attending provider noted that the applicant had undergone an earlier unspecified lumbar spine surgery. The attending provider stated that he had endorsed the applicant's pursuing surgical interventions involving an unspecified body part. Overall commentary was sparse. On April 20, 2015, Prevacid, Zofran, Flexeril, tramadol, and fenopfen were endorsed through pre-printed checkboxes, without any narrative rationale or narrative commentary. In a highly templated April 7, 2015 progress note, the attending provider again stated that he had advised the applicant to pursue an unspecified surgical procedure and unspecific medications were being renewed under separate cover. The remainder of the file was surveyed. An operative report was not on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole (Prevacid) 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for Prevacid, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prevacid are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. The attending provider's highly templated progress notes did not clearly state whether the applicant had or had not ever experienced symptoms of dyspepsia. Therefore, the request was not medically 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation [http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProvider](http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm271924.htm) s/ucm271924.htm U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for ondansetron (Zofran) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Zofran is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. Here, however, there was no mention of the applicant's having had any recent chemotherapy, radiation therapy, and/or surgery, nor was there explicit mention of the applicant's having personally experienced symptoms of nausea and/or vomiting. Therefore, the request was not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

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

Decision rationale: The request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Nalfon, Zofran, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 120-tablet supply of cyclobenzaprine at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Knee Disorders, pg 802.

Decision rationale: Finally, the request for levofloxacin (Levaquin), a fluoroquinolone antibiotic, was likewise not medically necessary, medically appropriate, or 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 so as to ensure proper usage and so as to manage expectations. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge on page 802 that the one-day usage of systemic antibiotics is moderately recommended for applicants undergoing surgical knee procedures, here, however, the attending provider's documentation of reports did not clearly or definitively establish evidence that the applicant had in fact undergone any kind of surgical intervention involving the knee or other body part. It was not clearly established, stated, for what issue and/or purpose Levaquin (levofloxacin) was prescribed. It is further noted that the 30-tablet supply of levofloxacin (Levaquin) at issue represents treatment well in excess of the one-day usage of systemic antibiotics endorsed by ACOEM's Knee Chapter on page 802. Therefore, the request was not medically necessary.