

Case Number:	CM13-0030081		
Date Assigned:	11/27/2013	Date of Injury:	07/02/2010
Decision Date:	01/21/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old male who reported an injury on 07/02/2010. The mechanism of injury was not provided for review. The patient had significant low back pain radiating into the lower extremities. The patient underwent an MRI that revealed spondylolisthesis at the L4-5 and facet arthropathy with degenerative changes and a disc protrusion at the L5-S1. The patient failed to improve with a long course of nonsurgical care. The patient underwent fusion surgery at the L4-5 and L5-S1 level. The patient's most recent clinical exam findings included slowed gait and restricted range of motion in all planes secondary to pain with motor and sensory function in the lower extremities intact. The patient's diagnoses included status post L4-5 and L5-S1 posterior lumbar interbody fusion with instrumentation, facial rash, and depression. Treatment recommendations included continuation of physical therapy, supportive services from a psychologist or a psychiatrist, Elavil, and a topical cream for the patient's facial rash.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metronidazole 0.75%, #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/uk/metronidazole-0-75-w-w-gel-leaflet.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Disease Chapter, Metronidazole (Flagyl®).

Decision rationale: The clinical documentation submitted for review does indicate that the patient recently underwent lumbar fusion. The clinical documentation submitted for review does indicate that the patient has a facial rash following surgery. It appears this medication is being ordered to treat that rash. However, the clinical documentation submitted for review does not provide any evidence of bacterial infection related to that rash. Also, the Official Disability Guidelines recommend this medication for uses related to bone infections and osteomyelitis. The clinical documentation does not provide any evidence of an infection that would not respond to oral treatments and this medication is not indicated for this type of infection. The requested metronidazole 0.75% is not supported by guideline recommendations. As such, the requested metronidazole 0.75% #45 is not medically necessary or appropriate.