

Case Number:	CM13-0069431		
Date Assigned:	01/03/2014	Date of Injury:	10/13/2011
Decision Date:	05/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/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 injured worker is a 59 year old male who reported an injury on 10/14/2011. The mechanism of injury was when he was working on a Caterpillar skip loader he climbed down the ladder and missed the last rung and fell down landing on his right side on rocks. The request for authorization is for 30 Quazepam 15mg for short term relief of sleep disturbances, and Levofloxacin 750mg as a routine precaution to avoid postoperative infection requested on 11/26/2013. The request for authorization showed these medications along with others were requested for symptomatic relief of persistent pain from the industrial injury sustained. The injured worker had a surgical intervention with respect to the left hand on 12/06/2013 authorized and scheduled. Neither of these medications was ordered during an 11/19/2013 visit with one of the orthopedic surgeons. There was a lack of documentation to whether or not the injured worker had the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 QUAZEPAM 15 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker has no documentation of sleep disturbances to require this medication. According to the MTUS Chronic Pain Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In addition there was not a frequency given on the request. Therefore the request is not medically necessary and appropriate.

LEVOFLOXACIN 750 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery. Am J Health Syst Pharm, 2013 Feb 1;70(3):195-283.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Levofloxacin, Levaquin.

Decision rationale: The injured worker was authorized and scheduled to have a hand surgery on 12/06/2013, however, there is no evidence in the medical records provided for review that he had the surgery. According to the Official Disability Guidelines, Levofloxacin is recommended as first-line treatment for osteomyelitis, chronic bronchitis, pneumonia, and lower respiratory infections. In addition, there is not a frequency or duration on this request. Therefore the request is not medically necessary and appropriate.