

Case Number:	CM14-0004282		
Date Assigned:	02/05/2014	Date of Injury:	04/25/2012
Decision Date:	10/14/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/10/2014

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 Emergency 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:

Patient with reported date of injury on 12/11/2013. Mechanism of injury is described as progressive injury from work. Patient has a diagnosis of cervical discopathy, cervical radicular syndrome, degenerative disc disease, lumbar radicular syndrome and herniated disc of lumbar spine. Medical reports reviewed. Last report available until 1/6/14. Patient complains of neck pains, L side worst than R side. Associated with numbness and tingling. Also has low back pain. Objective exam reveals cervical spine tenderness with paravertebral spasms. Positive axial loading compression test. Range of motion (ROM) is decreased. Sensation and motor exam of arms are normal. Lumbar spine exam reveals tenderness and spasms to paravertebral musculature and spasms to quadratus lumborum. ROM is minimally decreased. Straight leg and other tests are negative. It is not clear why an antibiotic was ordered. Only noted procedure done was a facet blocks in the past. EMG/NCV of upper extremities (1/7/14) was negative. X-rays of Cervical spine (9/4/13) reveals spondylosis at multiple levels from C3-7 with kyphotic deformity. MRI of lumbar spine (7/19/12) revealed multilevel disc bulges from L1-S1 from 2-5mm. Mild foraminal stenosis at L3-4. Noted arthropathy, and mild spinal stenosis at L4-5. Medications include Cyclobenzaprine, Omeprazole, Tramadol and Naproxen. Patient has attempted back injections, physical therapy Independent Medical Review is for Levofloxacin 750mg #30. Prior UR on 12/11/13 recommended certification of cyclobenzaprine, Omeprazole and Tramadol. It recommended non-certification of Levofloxacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin 750mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: 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.

Decision rationale: There is no sections in the MTUS Chronic pain, ACOEM or Official Disability Guidelines concerning this issue. Antibiotics may be given for postoperative prophylaxis for infections. However, patient has no impending procedures or surgeries noted anywhere on records. As per clinical practice guideline as quoted above, prophylactic antibiotics are usually only recommended as single dose or less than 24hours. The number of tablets prescribed is not appropriate. Since there is no documented surgeries or procedures and the prescription is not appropriate, Levofloxain is not medical necessary.