

<b>Case Number:</b>	CM14-0006619		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/25/2009
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Physical Medicine and Rehabilitation 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 42-year-old female who reported a repetitive strain injury on 11/25/2009. The current diagnoses include cervical discopathy, cubital tunnel/double crush, status post right carpal tunnel release times two (2), and status post left carpal tunnel release. The injured worker was evaluated on 11/13/2013. The injured worker reported persistent cervical spine pain, as well as bilateral wrist and hand symptomatology. The physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles, spasms, positive Spurling's maneuver, positive compression testing, painful and restricted cervical range of motion, dysesthesia at the C6-7 dermatomes, and positive Tinel's testing bilaterally. Treatment recommendations at that time included continuation of current medication. A primary treating physician's request for authorization was then submitted on 12/26/2103 for medications including Levaquin 750 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEVOFLOXACIN #30 750 MG:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines state that Levaquin is recommended as a first-line treatment option for osteomyelitis, chronic bronchitis, and pneumonia. The injured worker does not maintain any of the above-mentioned diagnoses. Therefore, the medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the current request. As such, the request is not medically necessary.