

<b>Case Number:</b>	CM14-0017748		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with date of injury 1/24/11. The treating physician report dated 6/6/13 indicates that the patient presents for pre-op appointment prior to right hand and right elbow surgery. The current diagnoses are cervical and lumbar discopathy, right carpal tunnel and cubital tunnel syndrome and status post left cubital and carpal tunnel release. The utilization review report dated 1/17/14 denied the request for Levofloxacin tablets 750mg #30 based on the rationale that antibiotics are not routinely recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST (DOS: 6/6/13) FOR LEVOFLAXACIN TABLETS 750MG #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information Website.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2008 AAOS CTS Clinical Treatment Guidelines.

**Decision rationale:** The patient presents for pre-operative evaluation prior to surgery for right carpal tunnel syndrome and right cubital tunnel syndrome. This retrospective request is for Levofloxacin tablets 750mg #30. The surgeon stated, "Levofloxacin is a class of antibiotics called fluoroquinolones which works by killing bacteria that cause infections. Given the potential for exposure to infection intra-operatively and during the patient's hospital course, it is pertinent he takes a complete course of antibiotics postoperatively to avoid the risk of infection which would severely compromise his overall improvement." The California MTUS and ODG guidelines do not address Levofloxacin. The American Academy of Orthopaedic Surgeons Clinical Practice Guideline on the Treatment of Carpal Tunnel Syndrome September 2008 states, "The physician has the option of prescribing pre-operative antibiotics for carpal tunnel surgery." In this case the provider has recommended Levofloxacin to reduce the risk of post operative infection. Recommendation is for authorization.