

Case Number:	CM14-0017758		
Date Assigned:	04/16/2014	Date of Injury:	04/24/2012
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgery 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 claimant is a 57-year-old gentleman who was injured on April 24, 2012. The claimant is with current diagnosis of cervicgia for which a January 8, 2014 progress report indicates he is to undergo an upcoming surgical process to the cervical spine and continues to be with complaints of migraine headaches and sleep disturbances. There is documentation of multiple medications being utilized by this individual. At present there is a clinical request for Sumatriptan, Quazepam and Levofloxacin. Specific surgical process was not noted. Formal imaging in regards to the claimant's cervical spine or documentation of recent physical examinations was not performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUMATRIPTAN SUCCINATE TAB 25MG #9 DOS: 1/9/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA ,Sumatriptan tablets, USP

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg)-- Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Head Procedure - Triptans.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines are silent regarding specific treatment for diagnosis of migraine headache. When looking at Official Disability Guideline criteria, the role of triptine medications are recommended for migraine sufferers with doses and medications all demonstrated to be effective and well tolerated. This individual is with diagnosis of chronic migraine headaches. The continued role of this agent, based on clinical records reviewed, would be supported. Therefore, the request for Sumatriptan Succinate tab 25mg #18 DOS: 1/9/14 is medically necessary and appropriate

QUAZEPAM 15MG CIV #30 DOS: 1/9/14: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued role of Quazepam. This benzodiazepine would not be indicated as Guidelines do not recommend the role of benzodiazepines for more than four weeks in the acute setting. The chronic use of benzodiazepines has no role in the chronic treatment of pain disorders. Therefore, the specific request for the continued use of Quazepam 15mg CIV #30 DOS: 1/9/14 is not medically necessary and appropriate

LEVOFLOXACIN 750MG #30 DOS: 1/9/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, <http://www.ncbi.nlm.nih.gov/pubmed/17210420>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg)-- Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Infectious Procedure - Levofloxacin (Levaquin®).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of levofloxacin would not be indicated. While it is noted the claimant is to undergo a surgical process, the surgical process itself is not documented nor is there specific indication that this medication is for postoperative use. This claimant gives no current clinical presentation for the use of antibiotic. The specific request for Levofloxacin 750mg #30 DOS: 1/9/14 is not medically necessary and appropriate.