MAXIMUS Federal Services

Case Number:	CM14-0019859		
Date Assigned:	04/28/2014	Date of Injury:	01/27/2004
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/18/2014

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 Texas. 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 52 year old female injured on 01/27/04 due to an undisclosed mechanism of injury. Current diagnoses include status post C4 through C7 anterior cervical discectomy with disc replacement at C4-5, status post right shoulder arthroscopic surgery and Mumford procedure, left shoulder impingement syndrome with acromioclavicular joint arthrosis, status post right DeQuervain's/carpal tunnel release, right trigger thumb and tenosynovitis of the right ring finger, and status post left DeQuervain's/carpal tunnel release on 01/09/14. The clinical documentation dated 01/22/14 indicates the injured worker reported improvement in overall symptomology status post left carpal tunnel and DeQuervain's release. She did have complaints of right trigger thumb that had been progressive. The symptomology in the injured worker's cervical spine, bilateral shoulders, and right upper extremity had not changed significantly. On examination of the left wrist, there is evidence of a well healing incision with no wound dehiscence; however, there was some erythema and cellulitis around the surgical site. Medications recommended on that date included Levofloxacin 750mg 1 QD for 7 days. Additionally, Naproxen 550mg BID, Prilosec 20mg BID, Zofran 8mg ODT, Cyclobenzaprine 7.5mg Q 8 hours, Tramadol ER 150mg QD, and Terocin patch BID PRN.

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 Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/levaquin-drug.

Decision rationale: As noted on record review, the clinical documentation indicates the injured worker received 1 gram Ancef intraoperatively on 01/09/14. Postoperative evaluation on 01/22/14 indicated the presence of erythema and cellulitis at the surgical site. It was at this time that the request for Levofloxacin 750mg was submitted. Current dosing recommendations for Levaquin indicate 750mg QD for 7-14 days for complicated skin structure infections which would make the requested 30 tablets exceed the manufacturer's recommendations. As such, the request for Levofloxacin 750mg #30 cannot be recommended as medically necessary at this time.