

<b>Case Number:</b>	CM14-0127704		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 47 year old male who sustained a work related injury on 02/05/1999 as result of carrying corian sheets. Since then the patient complained of back pain that worsened to point of the patient undergoing an intrathecal catheter placement. Per the Utilization Review, an apparent discussion was initiated about removing such catheter. However, no progress notes are submitted for this Independent Medical Review. A thoracic spine MRI dated 02/05/2014 identifies 'a filling defect surrounding the tip of the catheter, which has increased in size in the interium now measuring approximately 1.5 X 1.2cm; previously measured 0.9 X 0.6cm. This likely represents granulation tissue. This impinges the left lateral aspect of the cord and results in mild to moderate spinal stenosis with a reduction in the transverse diameter, which only measures 8mm'.In dispute is a decision for Ciprofloxacin 500mg twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ciprofloxacin 500mg twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Chronic Pain Opioids for Chronic Pain; Opioids, Initiatin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Ciprofloxacin (Cipro<sup>®</sup>)

**Decision rationale:** Ciprofloxacin, Cipro is recommended as first-line treatment for diabetic foot infections, osteomyelitis, chronic bronchitis, and other conditions. Because of precluding the development of resistance, antibiotic use should be for a specific organism that is sensitive to the antibiotic ordered. Without proper medical documentation, I am unable to determine the specific organism or infection process requiring antibiotic treatment.