

<b>Case Number:</b>	CM14-0147831		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Surgeon and is licensed to practice in Minnesota. 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 who sustained injuries to her left shoulder and low back on 7/1/10. She underwent decompression and posterior lumbar interbody at L4-5 with bone grafting and instrumentation on 8/3/2002. She is now scheduled for hardware removal, inspection of fusion mass and possible re-grafting of screw holes and nerve root exploration. X-rays have documented a solid fusion. MRI of 1/13/2014 documented a 3 mm herniation at L3-4. The disputed issue pertains to a request for Levofloxacin 750 # 30 as a prophylactic antibiotic. No documentation pertaining to an infection is submitted.

### 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: Infectious Diseases

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence: American Academy of Orthopedic Surgeons guidelines on use of prophylactic antibiotics in orthopedic surgery.

**Decision rationale:** According to AAOS guidelines Cefazolin and Cefuroxime are the preferred prophylactic antibiotics for patients undergoing orthopedic procedures. Clindamycin or Vancomycin may be used in patients with known colonization with methicillin resistant staphylococcus aureus or in facilities with recent MRSA outbreaks. Vancomycin should be reserved for treatment of serious infection with beta-lactam resistant organisms or for the treatment of infection in patients with life threatening allergy to beta-lactam antimicrobials. Prophylactic antibiotics should be administered one hour prior to the skin incision. The duration of prophylactic antibiotics use should not exceed 24 hours. Review of the available medical records does not indicate any history of an infection. The documentation does not include the rationale for use of Levaquin and as such based upon guidelines the use of Levaquin is not medically necessary.