

Case Number:	CM14-0171988		
Date Assigned:	10/23/2014	Date of Injury:	05/10/2012
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational Medicine 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:

There were 315 pages provided for this review. There was a primary treating physicians progress note. There is constant right shoulder and lumbosacral pain. There is tenderness at the right shoulder. They will arrange for medicines and physical therapy. This was signed April 2, 2014. There was a rebuttal to the utilization review decision dated August 11, 2014. It appeared that the reviewer was not offering a viable concrete objection to surgery based on the medical evidence. He questioned the presence of instability cited by the MRI scan. He did not review the actual films. He had all of the relevant documentation. The patient has undergone previous decompressive procedures and the residuals of these prior surgeries does lend technical instability. There were many disagreements with the credentials of the previous reviewer. There was a July 9, 2014 report. The patient has continued symptoms in the lumbar spine with extension into the lower extremities. He is diagnosed with a large size disc herniation in the lumbar spine measuring 6 to 8 mm at the levels of L4-L5 and annular tear with disc herniation both anteriorly and posteriorly at the levels of L3-L4. He has neural compromise and stenosis. He has undergone previous lumbar decompression as well as epidural blocks times two. He has failed all conservative treatment. There is continued low back pain which is significantly affecting the quality of his life and activities of daily living. He has a possible foot drop as he is dragging his feet on the right side greater than the left. There is constant back pain. The diagnoses were lumbar discopathy, right shoulder impingement syndrome and internal derangement hips. They are requesting and L3 to L5 posterior lumbar interbody fusion with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin 750 MG #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), Infectious Diseases Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, Levofloxacin

Decision rationale: Levofloxacin is in a group of antibiotics called fluoroquinolones. Levofloxacin fights bacteria in the body. Levofloxacin is used to treat bacterial infections of the skin, sinuses, kidneys, bladder, or prostate. Levofloxacin is also used to treat bacterial infections that cause bronchitis or pneumonia, and to treat people who have been exposed to anthrax or plague. It is a third generation fluoro quinone, used typically for unique infections, or when first line antibiotics had failed. I did not see what first line antibiotics had been tried and failed, or that the patient had any special infection requiring this medicine. The role of the Levofloxacin is not completely clear. The request is not medically necessary.

Orphenadrine Citrate 100 MG #120: 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), Non-Sedating Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 of 127.

Decision rationale: Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate available) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. The MTUS says that the muscle relaxers should be for short term use only for acute spasm. A prolonged use is not supported. 120 tablets requested certainly are not consistent with a short term use. The request is not medically necessary.

Omeprazole 20 MG: 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), Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.