

Case Number:	CM14-0174835		
Date Assigned:	10/28/2014	Date of Injury:	08/13/2003
Decision Date:	12/31/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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 Emergency Medicine and is licensed to practice in New York. 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 58-year-old female who was injured on August 13, 2003. The patient continued to experience back pain radiating down both legs. Physical examination was notable for slow wide-based gait, ambulatory assistance with walker, paravertebral muscle tenderness and spasm of the lumbar spine, positive right lumbar facet loading, positive straight leg raising, tenderness to palpation of both joint lines of the right knee and motor testing limited by pain. Diagnoses included sacroiliitis, piriformis syndrome, spinal/lumbar degenerative disc disease, and disorder of coccyx. Treatment included medications, surgery, and Requests for authorization for Clindamycin 150 mg #42, Fluticasone Prop 50 mcg spray/ actuation #1, and valium 5 mg #4 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clindamycin HCL 150mg #42: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/clindamycin.html>

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: UpToDate: Clindamycin: An overview

Decision rationale: Clindamycin is a lincosamide antibiotic that has been approved by the US Food and Drug Administration (FDA) for the treatment of anaerobic, streptococcal, and staphylococcal infections. Its major disadvantage is its propensity to cause antibiotic-associated diarrhea. Clindamycin works primarily by binding to the 50s ribosomal subunit of bacteria. This agent disrupts protein synthesis by interfering with the transpeptidation reaction, which thereby inhibits early chain elongation. Clindamycin is considered a bacteriostatic antibiotic but is bactericidal against some strains of staphylococci, streptococci, and anaerobes such as *Bacteroides fragilis*. In this case there is no documentation that the patient is suffering from an infection. Medical necessity has not been established. The request should not be authorized.

Fluticasone Prop 50 mcg spray/actuation #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/fluticasone-inhalation.html>

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: Drugs for Allergic Disorders: Treatment Guidelines from The Medical Letter, May 1, 2013 (Issue 129) p. 43

Decision rationale: Fluticasone is an intranasal corticosteroid. Intranasal corticosteroids are the most effective drugs available for prevention and relief of allergic rhinitis symptoms, including itching, sneezing, discharge and congestion, and are the drugs of choice for moderate to severe disease. Most of these agents are effective when given once daily. The onset of action typically occurs within 12 hours, but maximal effects may not be achieved for 7days. In patients with seasonal allergic rhinitis, intranasal corticosteroid sprays can decrease ocular as well as nasal symptoms. Intranasal corticosteroids can cause mild dryness, irritation, burning or bleeding of the nasal mucosa, sore throat, epistaxis and headache. Ulceration, mucosal atrophy and septal perforation can occur. In this case there is no documentation that the patient is suffering from allergic rhinitis. There is no indication for treatment with this medication. The request should not be authorized.

Valium 5mg tab #4: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of

choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient has been using valium since at least June 2014, indicating long-term use. The request should not be authorized.