

Case Number:	CM14-0025917		
Date Assigned:	06/16/2014	Date of Injury:	07/23/2007
Decision Date:	07/30/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

This 58-year-old female injured worker sustained an industrial injury on 7/23/07. The mechanism of injury is not documented. Records indicated a diagnosis of right knee internal derangement, bilateral plantar fasciitis, and right Achilles tendinitis. An 11/20/13 request for right knee arthroscopy with repair of internal derangement was noted. The 2/5/14 request for post-operative medications did not document patient-specific indications for Levofloxacin and Terocin patches. The 2/13/14 utilization review denied the request for Levofloxacin as the medical necessity of prophylactic antibiotics after a knee arthroscopy is not established. The request for Terocin Patch was not indicated post-operatively.

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 ODG Infectious Disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

Decision rationale: Evidence based medical guidelines at the National Guideline Clearinghouse indicate that antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, such as arthroscopy. The general guideline recommended prophylactic regime for orthopedic procedures involving internal fixation is Cefazolin. Guideline criteria have not been met. The planned surgery is an arthroscopy. Routine antibiotic prophylaxis is not supported by guidelines for the reported procedure. There is no evidence that prophylaxis is required and, if so, that Cefazolin would be insufficient. Therefore, this request for Levofloxacin 750mg #30 is not medically necessary.

TEROCIN PATCH #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111-113 Page(s): 111-113.

Decision rationale: Terocin patches include Lidocaine 600 mg and Menthol 600 mg. Lidocaine patches are recommended for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Guideline criteria have not been met for continued use of this medication. Records indicate that these patches have been prescribed since 12/13/13. There is no clear evidence of neuropathic pain. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no current functional assessment or documentation of objective functional benefit with use of this medication. Therefore, the request is not medically necessary and appropriate.