

Case Number:	CM14-0026149		
Date Assigned:	06/13/2014	Date of Injury:	05/05/2005
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
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 Physical Medicine and Rehabilitation 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 48 year-old patient sustained an injury on 5/5/05 while employed by [REDACTED]. The patient continues to treat for chronic low back and left leg pain. Report of 6/10/14 from the provider noted patient with no major changes in continued low back and left leg pain; stable on current medications of Percocet and increased methadone which works better than Norco. MRI of the lumbar spine 9/9/13 noted fusion and laminectomy at L3-4 with 1 mm disc bulge without significant canal stenosis and facet arthropathy at L4-5. Medications list Ambien, Celebrex, Ativan, Cymbalta, Diflucan, Methadone, Nucynta, Nystatin, Percocet, and Prilosec. Exam showed not using any assistive device for ambulation; weakness and foot drop effect on LLE and decreased lumbar AROM. Diagnoses include lumbago, thoracic/lumbosacral radiculitis and intervertebral disc degeneration s/p lumbar fusion at L4-5 (5/24/12); and myofascial pain and opioid dependency. It was noted UDS done on 7/8/11 was inconsistent for negative fentanyl; UDS of 10/2/12 inconsistent and negative for methadone; and UDS of 9/10/13 inconsistent for prescribed tapentadol, methadone, and Oxycodone. Treatment included SCS trial, hardware on hold per spine provider. The patient had candida infection due to immune compromise from chronic pain and analgesics. Report of 1/20/14 noted chronic pain symptoms. Exam showed tenderness of lumbar paraspinous regions; motion restricted secondary to pain; guarded motion; healed surgical scar with muscle spasm and antalgic gait. The patient remained off work and TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUCINAZOLE 50 MG # 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits, page 332; Prophylaxis (antibiotic & anticoagulant) page 260.

Decision rationale: Guidelines are silent on use of preventive anti-fungal antibiotics for chronic pain and analgesic use. Submitted reports have not adequately demonstrated medical indication for the medication treatment. Treatment included SCS trial, hardware on hold per spine provider. The patient had candida infection due to immune compromise from chronic pain and analgesics. Report of 1/20/14 noted chronic pain symptoms. Exam showed tenderness of lumbar paraspinous regions; motion restricted secondary to pain; guarded motion; healed surgical scar with muscle spasm and antalgic gait. The patient remained off work and TTD. Per the provider, Fluconazole, an anti-fungal was prescribed as routine precaution to avoid candida infection; however, there is no documented recent surgery or infection noted or what comorbidities the patient may have to deem her immunocompromised for routine precaution with use of an anti-fungal antibiotics for this 2005 injury with last surgery of may 2012. The request is not medically necessary.