

Case Number:	CM14-0044436		
Date Assigned:	07/02/2014	Date of Injury:	01/07/1999
Decision Date:	11/05/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/07/99 while working as a plasterer when he slipped on a muddy hillside with injury to his low back. He underwent an L4-S1 lumbar decompression and fusion. He continues to be treated for chronic back pain. Lab testing in June 2013 showed findings of a low potassium. In December 2013, there was an elevated blood urea nitrogen and creatinine, mild anemia, and low testosterone levels. There was a normal white blood cell count. He was seen on 03/04/14. Prior treatments had included a spinal cord stimulator and intrathecal pump complicated by infection. Placement of another spinal cord stimulator was not recommended. He was seen by the requesting provider on 03/11/14. He was continued to take Xanax, and Dilaudid. He was having severe spine pain with muscle spasms. Prior treatments had included a lumbar laminectomy and discectomy in March 2000 and lumbar fusion in 2004 with removal of hardware in 2008. He had undergone intrathecal pump placement in 2010 which was removed after an infection. A spinal cord stimulator in 2011 was complicated by lead migration and it was removed. Treatments had also included both physical therapy and chiropractic care, epidural steroid injections, and facet injection/radiofrequency ablation treatment. He underwent a spinal cord stimulator trial in June 2013 with 50-60% pain relief. Pain was rated at 6/10 with an 8/10 without medications. Physical examination findings included presenting in a wheelchair. He had thoracic spine muscle spasms. There was decreased range of motion. He had positive straight leg raising and abnormal lower extremity sensation. Authorization for placement of a spinal cord stimulator was requested. Dilaudid 8 mg #240, Lunesta 3 mg #30, Soma 350 mg 3-4 times per day, and Xanax 1 mg two times per day was being prescribed. He was referred for a urology evaluation due to bilateral testicular pain. On 04/10/14 he was requesting a TENS unit and cane. He was continuing to take medications. He

was having ongoing severe spine pain with spasms. Lab testing had shown a little testosterone level. He was having ongoing sleeping secondary to pain. Physical examination findings included appearing in mild to moderate discomfort. Medications were refilled. Authorization for urine drug screening was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rifampin 300mg #10: 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 Other Medical Treatment Guideline or Medical Evidence: Rifampin Prescribing Information

Decision rationale: In terms of rifampin, presumably this is being requested as antibiotic prophylaxis prior to spinal cord stimulator placement. In this case, the claimant has no clinical evidence of residual infection either clinically or by lab testing and has undergone interventional procedure after removal of the infected Intrathecal pump without complication due to infection. Therefore, the requested rifampin was not medically necessary.