

Case Number:	CM14-0051084		
Date Assigned:	07/07/2014	Date of Injury:	08/12/2012
Decision Date:	10/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The patient is a 57 year-old male with date of injury 08/12/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/13/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation at the lumbar paravertebral muscles. There was pain with terminal motion. Tenderness was noted over the top of palpable hardware, not only to deep but also superficial palpation. Diagnoses are rule out internal derangement, bilateral shoulders; upper extremity overuse syndrome; status post posterior lumbar interbody fusion from L4 to S1; retained symptomatic lumbar spinal hardware; status post right knee surgery with degenerative joint disease; left knee medial meniscus tear with degenerative joint disease; electrodiagnostic study evidence of peripheral neuropathy; and bilateral plantar fasciitis. Operative report dated 12/14/2014, notes the patient underwent L4-S1 posterior lumbar interbody fusion and internal fixation. The medical records supplied for review document that the patient was prescribed Levofloxacin on 01/15/2014 as a precaution against post-operative infection. Patient has been using Terocin Patches for at least as far back as six months. Medications include Levofloxacin 750mg, #30 SIG: one tablet every day for 7 days and Terocin Patch, #30.

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 Mosby's Drug Consult last updated 11/25/2011

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antibiotic prophylaxis against postoperative wound infections. Cleve Clin J Med. 2006 Mar;73 Suppl 1:S42-5. Gordon SM

Decision rationale: Prophylactic antibiotics should be given as close to the time of incision as possible to ensure that tissue antimicrobial levels are adequate and maintained for the duration of the procedure. The choice of antibiotic should be based on the organisms most likely to be encountered--usually staphylococcal skin flora. Prophylactic antibiotics should not continue to be administered more than 48 hours postoperatively. A 30 day supply of Levofloxacin is not medically necessary.

Terocin Patch QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The active ingredients of Terocin patches are Menthol 4% and Lidocaine 4%. It is classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Terocin patches are not medically necessary.