

<b>Case Number:</b>	CM14-0063035		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/27/2004
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 66 year old female who reported an injury on 10/27/2004 due to unknown mechanism. The injured worker had complaints of nocturnal toe/leg cramping, back pain, knee pain worse with cold weather, and neck pain. Physical examination on 02/26/2014 revealed cervical spine spasm with decreased range of motion and facet tenderness. Radiculopathy bilaterally at C4-7. Increased neck and arm pain. Left lateral flexion and rotation limited to 30 degrees. The lumbar spine revealed spasm, painful range of motion and limited range of motion. Positive Lasegue, positive straight leg raise bilaterally at 45 degrees. Pain bilaterally at L4-5 and L5-S1. Knees revealed a positive McMurray sign bilaterally, tenderness to palpation and a positive Apley grind test. Left shoulder had positive impingement sign, forward flexion was to 130 degrees, abduction was to 120 degrees. Medications were Prilosec, Norco, zanaflex, Neurontin and Genocin. MRI was submitted dated 02/17/2009. Diagnoses were cervical discogenic disease with radiculopathy, lumbar discogenic disease with radiculopathy, status post bilateral carpal tunnel releases with residuals, bilateral knee osteoarthritis. Treatment plan was to continue medications, exercise, use TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gonocin 2 po TID #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a68216.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:  
<http://www.igenericdrugs.com/?s=gonocin> also  
<http://www.drugs.com/international/gonocin.html>.

**Decision rationale:** The request for Gonocin 2 by mouth three times daily quantity 90 is non-certified. Gonocin is in a group of antibiotics called fluoroquinolones. Ofloxacin is reported as an ingredient of Gonocin from the Philippines. It is used to treat bacterial infections that cause bronchitis, pneumonia, chlamydia, gonorrhea, skin infections, urinary tract infections, and infections of the prostate. It may also be used for purposes not listed in this medication guide. The injured worker does not have a diagnoses to support the usage of Gonocin. Therefore, the request is non-certified.