

<b>Case Number:</b>	CM14-0112306		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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:

A 53-year-old claimant has a reported industrial injury of October 10, 2011. Exam 2/11/2014 demonstrates continued pain in the left knee. Examination cervical spine reveals tenderness of the cervical paraspinal muscles and upper trapezium muscles with spasms extending into the left shoulder. Axial loading compression and Spurling's maneuvers are noted to be positive. Dysesthesia is noted at the C6 and C7 dermatomal level. Tenderness is noted at the anterior joint line of bilateral knees with a positive ballottement test there is tenderness to the anterior joint line extending in the posterior popliteal region. Positive McMurray's sign is noted. Exam note May 13, 2014 demonstrates continued left knee pain request is made for surgical care on June 15, 2014. Examination discloses tenderness to palpation and positive patellar grind test.

### 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 Official Disability Guidelines (ODG) Infectious Diseases, Bone and Joint Infections Sanford Guide to Antimicrobial Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cellulitis

**Decision rationale:** Per the Official Disability Guidelines, Pain, Cellulitis, Levofloxacin as an antibiotic indicated treatment of bacterial infection. Based upon examination records reviewed there is no indication at the claimant has an infection. There are no subjective complaints consistent with infection and no objective finding supporting a diagnosis of infection. In addition no diagnosis of infection listed in any of the treatment notes provided. Therefore the request for Levofloxacin is not medically necessary.

**Orphenadrine Citrate #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Non-sedating muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 64-65.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65 reports that muscle relaxants such as Orphenadrine are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. As the patient has no evidence in the records from 5/13/14 of significant spasms objectively, the determination is denial for Orphenadrine as it is not medically necessary.