

Case Number:	CM14-0199564		
Date Assigned:	12/10/2014	Date of Injury:	05/23/2002
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 52 year old patient with date of injury of 05/23/2002. Medical records indicate the patient is undergoing treatment for lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, and reactionary depression/anxiety, restless leg syndrome secondary to neuropathy pain, post traumatic fibromyalgia and bilateral knee sprain/strain. Subjective complaints include low back pain that radiates down bilateral lower extremities, rated 8/10 and GI discomfort. Objective findings include right forearm point tenderness in lateral epicondyle extensor tendon region. A lumbar spine exam reveals forward flexion bringing fingertips 3-4 inches below her knees, extension 10 degrees, tenderness to palpation in the posterior lumbar musculature, trigger points noted throughout the lumbar spine and a straight leg raise positive bilaterally. There is decreased sensation along posterior lateral thigh and posterior lateral calf bilaterally, left greater than right; decreased sensation along posterior lateral thigh and calf bilaterally; tenderness to palpation of left knee medial and lateral joint lines, mild soft tissue swelling with crepitus noted with range of motion and positive McMurray's sign. CT scan of lumbar spine dated 02/13/2012 revealed L3-L4 disc herniation and adequate anterior spinal fusion at L4-L5. EMG of lower extremities dated 03/02/2012 revealed severe left L5 and mild right L5 radiculopathy. Treatment has consisted of physical therapy, nerve block, spinal cord stimulator, Norco, Prilosec, Lidoderm patch, Voltaren Gel, Cymbalta, Neurontin, Ativan and Zofran. The utilization review determination was rendered on 11/06/2014 recommending non-certification of 20 Tablets of Cipro 500 MG, 20 Tablets of Bactrim Double Strength and 60 Lidoderm Patch 5 Percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Tablets of Cipro 500 MG: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate, Fluoroquinolones <http://www.uptodate.com/contents/fluoroquinolones?source=machineLearning&search=quinolones&selectedTitle=1%7E150§ionRank=3&anchor=H527964309#H527964309> Epocrates, Ciprofloxacin <https://online.epocrates.com/>.

Decision rationale: Fluoroquinolones are the only class of antimicrobial agents in clinical use that are direct inhibitors of bacterial DNA synthesis. They inhibit two bacterial enzymes, DNA gyrase and topoisomerase IV, which have essential and distinct roles in DNA replication. The fluoroquinolones are bactericidal. (See 'Mechanisms of action' above.) Fluoroquinolones, especially the newer agents, have a wide spectrum of activity that includes gram-negative bacilli, *Streptococcus pneumoniae* and other respiratory pathogens, other gram-positive cocci, and mycobacterial species. The specific antimicrobial spectrum varies with the different fluoroquinolones (table 1A and table 1B and table 2 and table 3). (See 'Spectrum of activity' above.) Fluoroquinolones can interact with a variety of other drugs. A common problem is that coadministration of fluoroquinolones with aluminum-, magnesium-, or, to a lesser extent, calcium-containing antacids leads to markedly reduced oral bioavailability of the quinolone, presumably because of the formation of cation-quinolone complexes, which are poorly absorbed. (See 'Drug interactions' above.) Guidelines recommend the use of Cipro for active infections, not for wound prophylaxis. The treating physician has requested this medication for postoperative wound prophylaxis which is not appropriate. As such, the request for 20 Tablets of Cipro 500 MG is not medically necessary.

20 Tablets of Bactrim Double Strength: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate, Trimethoprim-sulfamethoxazole (TMP-SMX) <http://www.uptodate.com/>.

Decision rationale: Trimethoprim-sulfamethoxazole (TMP-SMX), also known as cotrimoxazole, is a combination of two antimicrobial agents that act synergistically against a wide variety of bacteria. (See 'Introduction' above.) The two components, TMP and SMX, work sequentially to inhibit enzyme systems involved in the bacterial synthesis of tetrahydrofolic acid (THF). Reduced availability of THF inhibits thymidine synthesis, which in turn inhibits DNA synthesis. (See 'Mechanism of action' above.) Maximal synergistic action occurs when microorganisms are susceptible to both component drugs. However, bacteria that are resistant to

one drug component, but remain fully susceptible to the other drug, can still be inhibited by the combination. (See 'Resistance' above.)TMP-SMX is effective against a wide variety of aerobic gram-positive and gram-negative bacteria, Pneumocystis, and some protozoa. (See 'Spectrum of activity' above.)Bioavailability of TMP-SMX is approximately 85 percent for both compounds; absorption of TMP-SMX is not affected by food or other medications. (See 'Pharmacodynamics and pharmacokinetics' above.)Dosing of TMP-SMX is based on the trimethoprim component. (See 'Dosage and administration' above.)The more common adverse reactions to TMP-SMX involve the gastrointestinal tract (nausea, vomiting) and skin (rash and pruritus). (See 'Adverse effects' above.)Life-threatening effects, which are more likely to occur in HIV-infected patients and older adults, include neutropenia, uncommon severe dermatologic reactions such as Stevens-Johnson syndrome and toxic epidermal necrolysis. (See 'Life threatening effects' above.)TMP-SMX should be avoided during certain stages of pregnancy. (See 'Pregnancy' above.)TMP-SMX can interact with a variety of drugs that may require adjustment of therapy and/or more frequent monitoring. (See 'Drug interactions' above.)Guidelines recommend the use of Bactrim for active infections, not for wound prophylaxis. The treating physician has requested this medication for postoperative wound prophylaxis which is not appropriate. As such, the request for 20 Tablets of Bactrim Double Strength is not medically necessary.

60 Lidoderm Patch 5 Percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics; UpToDate.com, Lidocaine (topical).

Decision rationale: Chronic Pain Medical Treatment Guidelines state "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics." ODG further details, "Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).(f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended

that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.Medical documents provided do not indicate that the use would be for post-herpetic neuralgia. Additionally, treatment notes did not detail other first-line therapy used and what the clinical outcomes resulted. As such, the request for 60 Lidoderm Patch 5 Percent is not medically necessary.