

Case Number:	CM14-0041062		
Date Assigned:	06/27/2014	Date of Injury:	11/14/2012
Decision Date:	03/27/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient, who sustained an industrial injury on 11/14/2012. The medical records provided offered an agreed medical evaluation dated 09/19/2013 which reported subjective complaints of neck, back pain and developed pain in hands. the pain is described as aching, stiffness, and sometimes stabbing pains at the neck and upper mid back regions. There is also left shoulder pain with lifting, reaching, pushing and or pulling. She also complains of left knee pain described as throbbing. She is not taking any particular medication at this time. Past medical history showed continuous trauma claim in the 1990's where she was diagnosed with having carpal tunnel syndrome and tendinitis. Prior treatments include conservative measures; she has also had a left knee procedure. A request was made for Cyclobenzaprine and Levofloxacin medications. On 03/10/2014 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain, Muscle Relaxants and the Sanford Guide were cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120 (date of service 04/01/2013): Overturned

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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with continued neck and low back pain. The patient's symptomatology dates back to the mid-1990s. Examination of the lumbar spine revealed "no lumbar paraspinal spasm or tenderness." Examination of the cervical spine also noted "no trapezius or interscapular spasm or tenderness." The current request is for cyclobenzaprine hydrochloride 7.5 mg #120 (date of service 04/01/2013). The MTUS Guidelines page 63-66 states, "Muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This is a request for medications that was dispensed on 04/01/2013. The medical file provided for review only includes 1 report which is an AME reported dated 09/19/2013. It is unclear how long the patient has been utilizing cyclobenzaprine. However, given the request is for #20 and MTUS Guidelines supports its use for short-course therapy not longer than 2 to 3 weeks, the requested cyclobenzaprine is medically necessary.

Levofloxacin 750mg #30 (date of service 04/01/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford Guide to Antimicrobial Therapy, Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guidelines.gov, the National Guideline Clearinghouse

Decision rationale: This patient presents with continued neck and low back pain. The patient's symptomatology dates back to the mid-1990s. Examination of the lumbar spine revealed "no lumbar paraspinal spasm or tenderness." Examination of the cervical spine also noted "no trapezius or interscapular spasm or tenderness." The current request is for levofloxacin 750 mg #30 (date of service 04/01/2013). According to www.guidelines.gov, the National Guideline Clearinghouse, "Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation." The MTUS, ACOEM, and ODG Guidelines are silent on the prophylactic use of antibiotics. However, the National Guideline Clearinghouse does not recommend its use for clean, orthopedic procedures without instrumentation or implantation of foreign materials. The medical file provided for review includes 1 AME report

dated 09/19/2013 and provides no discussion regarding this request. There is no indication or documentation that the patient has undergone surgery or is anticipating surgery. The requested levofloxacin is not medically necessary.