

<b>Case Number:</b>	CM15-0134596		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/15/2003
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, North Carolina

Certification(s)/Specialty: Family Practice

### 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 67 year old male, who sustained an industrial injury on 05/15/2003. The injured worker is currently permanently totally disabled. The injured worker is currently diagnosed as having chronic obstructive pulmonary disease with exacerbation. Treatment and diagnostics to date has included chest x-rays and medications. In a progress note dated 06/30/2015, the injured worker presented with complaints of shortness of breath and coughing up a lot of sputum. Objective findings include bilateral rhonchi which is slightly better since last examination. The treating physician reported requesting authorization for Levaquin and chest x-ray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levaquine 500mg #5:** 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), Treatment Index, 13th Edition (Web), 2015 Infectious Disease, Levofloxacin (Levaquin).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th ed., 2015, Infectious diseases, Levaquin.

**Decision rationale:** ODG recommends levaquin as first-line treatment for osteomyelitis, chronic bronchitis and pneumonia. In this case the patient has been diagnosed with COPD in the past and is undergoing an exacerbation. Documentation submitted supports an exacerbation of COPD, however there is no evidence of a pulmonary infection (fever, chest pain, purulent sputum). Therefore the request for an antibiotic is not medically necessary or appropriate.

**X-ray chest:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 13th Edition (Web), 2015 Infectious Disease, Imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment index, 13th ed., 2015, infectious diseases, imaging.

**Decision rationale:** In this case, the patient has an exacerbation of previously diagnosed COPD. The ODG recommends a chest x-ray to confirm the diagnosis of Community-acquired pneumonia, looking for the presence of an infiltrate. In this case, there is no documentation suggesting a pulmonary infection (fever, chest pain, purulent sputum), therefore the necessity of a chest x-ray is not established and is not medically necessary or appropriate.