

<b>Case Number:</b>	CM15-0138165		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54 year old male, who sustained an industrial injury on 08/06/2012. He has reported injury to the low back. The diagnoses have included lumbago; lumbar discopathy; and internal derangement right knee. Treatment to date has included medications, diagnostics, lumbar epidural injections, chiropractic therapy, and physical therapy. Medications have included Tramadol ER, Cyclobenzaprine, Relafen, Lansoprazole, and Ondansetron. A progress report from the treating physician, dated 06/01/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant pain in the low back that is aggravated by bending, twisting, lifting, pushing, pulling, prolonged sitting and walking, and walking multiple blocks; the pain is sharp and radiates into the lower extremities; the pain is unchanged and rated at an 8 on a scale of 1 to 10; constant pain in the right knee that is aggravated by squatting, kneeling, ascending and descending stairs, walking multiple blocks, and prolonged standing; he admits to some swelling and buckling; the pain is worsening and rated as an 8 on a scale of 1 to 10; and he is benefitting from the medications as they are helping in curing and relieving symptomatology and improving activities of daily living. It is included in the submitted documentation that he has had three epidural injections, chiropractic treatment, and physical therapy with no long-term relief. Objective findings included palpable lumbar paravertebral muscle tenderness with spasm; seated nerve root test is positive; standing flexion and extension ranges of motion are guarded and restricted; there is tingling and numbness in the lateral thigh, anterolateral and posterior leg, as well as foot, L5 and S1 dermatomal patterns; there is tenderness in the right knee joint line; patellar grind test is positive McMurray is positive; and

there is crepitus with painful range of motion. The treatment plan has included surgical intervention. Request is being made for 120 Lansoprazole 30mg; and Levofloxacin 750mg quantity 30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **120 Lansoprazole 30mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1; 70 (3): 195-283.

**Decision rationale:** The claimant sustained a work injury in August 2012 and is being treated for radiating low back pain. The claimant has an unremarkable past medical history. His surgical history includes left foot and ankle surgery in 1996 and 1997 and shoulder arthroscopy in 1998 and 2002 without apparent complication. In February 2014 naproxen was prescribed and omeprazole was prescribed for prophylaxis. When seen, pain was rated at 8/10. There was lumbar paraspinal muscle tenderness with spasms and positive seated nerve root testing. There was decreased spinal range of motion. The claimant's BMI was normal at 25. Authorization for an L5-S1 laminectomy and discectomy with neural decompression was being requested. Levofloxacin was prescribed for postoperative prophylaxis. Levofloxacin is a fluoroquinolone antibacterial indicated in adults with infections caused by designated, susceptible bacteria. In this case it is being prescribed as prophylaxis following planned surgery. The claimant's past medical history was negative and prior surgeries were uncomplicated. There is no identified infection or condition identified that would establish the medical necessity of this medication. The request is not medically necessary.

#### **Levofloxacin 750mg quantity 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, Infectious Diseases-Levofloxacin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in August 2012 and is being treated for radiating low back pain. The claimant has an unremarkable past medical history. His surgical history includes left foot and ankle surgery in 1996 and 1997 and shoulder arthroscopy in 1998 and 2002 without apparent complication. In February 2014 naproxen was prescribed

and omeprazole was prescribed for prophylaxis. When seen, pain was rated at 8/10. There was lumbar paraspinal muscle tenderness with spasms and positive seated nerve root testing. There was decreased spinal range of motion. The claimant's BMI was normal at 25. Authorization for an L5-S1 laminectomy and discectomy with neural decompression was being requested.

Prescriptions included Nabumetone and omeprazole. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of another proton pump inhibitor such as lansoprazole was not medically necessary.