

<b>Case Number:</b>	CM15-0138460		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/01/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/23/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year old male, who sustained an industrial injury on June 1, 2014. Treatment to date for his industrial injury has included physical therapy, acupuncture therapy, and chiropractic therapy. The injured worker was evaluated on May 21, 2015. The evaluating physician noted that the injured worker continued to have problems with his shoulder and knee and that acupuncture had been helpful. The evaluating physician noted that the injured worker had a significant amount of sinusitis which was clearly bacterial in nature. The diagnoses associated with the request include sinusitis. The treatment plan includes Cipro.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cipro 750mg QTY: 1:** 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), Chapter, infectious diseases.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter/Ciprofloxacin (Cipro®) Section.

**Decision rationale:** The MTUS guidelines do not address the use of Cipro. Per the ODG, Cipro is recommended as first-line treatment for diabetic foot infections, osteomyelitis, chronic bronchitis, and other conditions. Per the available documentation, the injured worker suffers from chronic bacterial sinusitis, however, there are no documented signs and/or symptoms to support the finding of sinusitis that is bacterial in nature. Additionally, the amount of medication to be dispensed is not included with this request. The request for Cipro 750mg QTY: 1 is determined to not be medically necessary.