

Case Number:	CM15-0145982		
Date Assigned:	08/06/2015	Date of Injury:	04/12/2012
Decision Date:	09/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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 73 year old female who sustained an industrial injury on 04-12-2012. Mechanism of injury occurred when in her duties as a nurse she entered a home where a dog jumped on her and slammed her into speakers and a wall and she felt immediate pain in her neck, left shoulder, left elbow and left side of her abdomen. Diagnoses include status post anterior four level decompression and fusion with pseudarthrosis at C6-C7 on 06-17-2015, severe right shoulder degenerative changes at the acromioclavicular joint and the glenohumeral joint, aggravation of right shoulder impingement in physical therapy, pseudarthrosis with loosening of the plate and screws, most obvious at C6-C7 where she also has radiculopathy, insomnia secondary to pain, anxiety and depression secondary to pain, and neuropathic pain in the bilateral upper extremities. Treatment to date has included diagnostic studies, medications, status post previous cervical fusion in March 2014, and status post left total shoulder replacement in April of 2013, shoulder injections, home health services, and physical therapy. A physician progress note dated 07-01-2015 documents the injured worker is two weeks status post posterior cervical hemilaminectomy. She complains of severe neck pain and she continues to experience bilateral upper extremity radiculopathy and she has insomnia. She complains of frequent painful urination. She rates her pain as 8 out of 10 on the pain scale. Her current medications include Norco, Zantac, Lyrica and Cymbalta. She wants different medications for her pain. Staples were removed and steri-strips were placed on incision, and incision is clean and intact. The treatment plan includes Percocet 10/325mg #60, and Tizanidine 4mg #60, soft neck collar, and a urine drug screen. Treatment requested is for Bactrim DS #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bactrim DS #14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sulfamethoxazole-Trimethoprim (Bactrim, Serpa).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/bactrim-drug.htm>.

Decision rationale: Guidelines do not address this issue. The prescribing physician provides very limited documentation regarding this medication, but it appears reasonable to assume that prescribing it was due to this individual's post operative state and the complaint of frequent and painful urination. This antibiotic is frequently utilized for urinary tract infections and if an infection is suspected, early treatment is medically reasonable under these circumstances. The Bactrim DS #14 is medically necessary.