

Case Number:	CM15-0160620		
Date Assigned:	08/27/2015	Date of Injury:	04/14/2014
Decision Date:	10/05/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/17/2015

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 48 year old male, who sustained an industrial injury on 4-14-14. He reported pain in his back and groin after a fall. The injured worker was diagnosed as having status post left inguinal hernia repair on 10-29-14 and testicular pain. Treatment to date has included an ultrasound of the scrotum, pelvis and renal on 2-6-15 with normal results. As of the PR2 dated 2-26-15, the injured worker reports a dull, achy pain in the left groin and left side scrotum. He indicated that the symptoms are worse when sitting. Objective findings include no scrotal mass, normal prostate size and a possible small left varicocele with mild tenderness. The treating physician recommended a Doppler scrotal ultrasound. The treating physician requested Ciprofloxacin 250mg #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective dos 2/26/15), Ciprofloxacin tablet 250mg qty 14.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infections diseases chapter; Cephalexin (Keflex).

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/Ciprofloxacin.

Decision rationale: The MTUS Guidelines do not address the use of ciprofloxacin. The ODG recommends the use of ciprofloxacin as first-line treatment for diabetic foot infections, osteomyelitis, chronic bronchitis, and other conditions. The medical reports do not provide a rationale for the use of ciprofloxacin. Medical necessity has not been established for the use of ciprofloxacin. The request for (Retrospective dos 2/26/15), Ciprofloxacin tablet 250mg qty 14.00 is not medically necessary.