

Case Number:	CM15-0164131		
Date Assigned:	09/01/2015	Date of Injury:	09/07/2010
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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:

This is a 49-year-old female who sustained an industrial injury on 09-07-2010. Diagnoses include lumbar discopathy. Treatment to date has included medication, physical therapy, epidural steroid injections and activity modification. According to the progress notes dated 7-17-2015, the IW (injured worker) reported constant severe lumbar spine pain with radiation of burning pain into the lower extremities rated 8 out of 10. She also complained of neck pain with radicular symptoms and pain in the bilateral shoulders and wrists. On examination, lumbar spine range of motion (ROM) was guarded and restricted with flexion and extension. Seated nerve root test was positive. The paravertebral muscles were palpably tender, with spasms present. Numbness and tingling were noted in the S1 dermatome and muscle strength in the S1 myotome was 3+ to 4-. Ankle reflexes were asymmetric, absent on the left and trace on the right. Lumbar spine surgery was pending. A request was made for Levofloxacin 750mg (#30) for infection prophylaxis; and Eszopiclone 1mg (#30) for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin 750mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanford guide to Antimicrobial therapy 2013, 43rd edition authors: Gilbert, David MD, Moellering Jr, Robert MD, Eliopoulos, George MD, Chambers, Henry MD, Saag, Michael MD. Pages 192-1969 Table 15.

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 September 2010 and is being treated for severe radiating low back pain. When seen, lumbar spine fusion surgery was being planned. She had undergone clearance for the procedure and was determined to be in the lowest risk category. Physical examination findings included cervical and lumbar paraspinal muscle tenderness with spasms. There was decreased range of motion with pain and guarding. Spurling's testing, compression testing, and seated straight leg raising were positive. There was decreased upper and progressively decreased lower extremity strength. There was bilateral shoulder tenderness with decreased and painful range of motion and positive impingement testing. There was pain with wrist range of motion and decreased sensation. A Toradol injection with vitamin B12 was administered. Levofloxacin is a fluoroquinolone antibacterial indicated in adults with infections caused by designated, susceptible bacteria. In this case it is being prescribed as prophylaxis prior to surgery. There is no identified current infection or underlying medical condition that would establish the medical necessity of this medication. Therefore, the request is not medically necessary.

Eszopiclone 1mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47 (1203): 17-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in September 2010 and is being treated for severe radiating low back pain. When seen, lumbar spine fusion surgery was being planned. She had undergone clearance for the procedure and was determined to be in the lowest risk category. Physical examination findings included cervical and lumbar paraspinal muscle tenderness with spasms. There was decreased range of motion with pain and guarding. Spurling's testing, compression testing, and seated straight leg raising were positive. There was decreased upper and progressively decreased lower extremity strength. There was bilateral shoulder tenderness with decreased and painful range of motion and positive impingement testing. There was pain with wrist range of motion and decreased sensation. A Toradol injection with vitamin B12 was administered. The treatment of insomnia should be based on the etiology and

pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The continued prescribing of Eszopiclone (Lunesta) is not medically necessary.