MAXIMUS Federal Services

Case Number:	CM15-0183225		
Date Assigned:	09/24/2015	Date of Injury:	08/19/2009
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/17/2015

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 57-year-old male, who sustained an industrial injury on 8-19-09. The injured worker is undergoing treatment for thoracic and lumbar strain-sprain, lumbar radiculitis, lumbar stenosis, urinary frequency, neurogenic bladder, sexual dysfunction, nocturia, urinary incontinence and chronic back pain. Medical records dated 8-7-15 indicate the injured worker complains of back pain radiating to the legs with numbness and tingling. He reports pain medications last no more than 5 hours and "as such he is in extreme pain at night." Pain is rated 9-10 out of 10. An exam dated 7-20-15 indicates neurogenic bladder, back pain and erectile dysfunction. Physical exam dated 8-7-15 notes an antalgic gait, tenderness to palpation, spasm, depression and anxiety. Urology exam dated 8-5-15 indicates enlarged prostate white blood cells on prostate exam smear. The treating physician indicated "Cipro for his suspected prostatitis." Treatment to date has included spinal cord stimulator implant, 7-27-15 cystoscopy and medication. The original utilization review dated 8-31-15 indicates the request for ciprofloxacin 500mg #56 is non-certified noting the lack of any findings-history demonstrating the patient has an infection for which ciprofloxacin is indicated to treat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ciprofloxacin 500mg #56: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lower urinary tract symptoms. The management of lower urinary tract symptoms in men. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ)Urinary tract infection. National Guideline Clearinghouse (NGC), Rockville MD, Agency for Healthcare Research and Quality (AHRQ).

Decision rationale: The MTUS Guidelines do not address the use of fluoroquinolones for lower urinary tract infections in men. The National Guidelines Clearinghouse indicate that urinary tract infection should be evaluated by patient history, phone triage, dipstick urinalysis for leukocyte esterase, nitrite testing by dipstick, microscopic examination of unstained, centrifuged urine under 40x power, urine culture (not indicated routinely), pelvic examination and physical exam. The treating physician suspected prostatitis and chose Ciprofloxacin for treatment. Per the National Guidelines Clearinghouse, first line antibiotic treatment includes trimethoprim/ sulfamethoxazole [TMP/SMX] or nitrofurantoin. Second-line antibiotic treatment includes ciprofloxacin, levofloxacin, amoxicillin, or first-generation cephalosporin. Overuse of quinolones has raised concerns about resistance. Ciprofloxacin, 250 mg BID for 3 days, appears to be the most cost effective quinolone regimen. Therefore, the optimal treatment of uncomplicated UTI in patients who are not allergic or sensitive is 3 days of TMP/SMX. The medical records do not provide sufficient information to justify the use of ciprofloxacin 500 mg #56. The request for ciprofloxacin 500mg #56 is determined to not be medically necessary.