

Case Number:	CM15-0080591		
Date Assigned:	05/01/2015	Date of Injury:	11/30/1990
Decision Date:	06/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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 64 year old female patient who sustained an industrial injury on 11/30/1990. Provided documentation described the patient having undergone Lumbar interbody fusion on 03/12/2014. Current medications are: Ambien, Norco 10/325mg, and Soma. The patient was diagnosed with orthopedic aftercare; degeneration of lumbar or lumbosacral intervertebral disc; spinal stenosis of lumbar region without neurogenic claudication; thoracic or lumbosacral neuritis or radiculitis, and personal history of malignant neoplasm of breast. A primary treating office visit dated 02/26/2015 reported present subjective complaint of lower back pain, right knee pain, and neck pain that radiates into the left upper extremity. Current medications are: Ambien CR, Soma, and Norco 10/325mg. Objective findings showed decreased sensation on the left C6 dermatome, pain with range of motion, and a positive Spurling's sign on the left. The assessment noted the patient with cervicalgia; status post lumbar surgery 2002; L4-5 adjacent segment degeneration; L4-5 stenosis; chronic intractable pain; right leg radiculopathy, and status post L4-5 TLIF and PSIF with bilateral laminotomies, mesial facetectomies, lateral recess decompression 03/09/2014. The plan of care noted discussion regarding referral recommendation to undergo surgical intervention, pending authorization. The patient is to hold off on physical therapy sessions, prescribed Norco10/325mg, and Soma. The patient is also to obtain a radiography study of cervical spine, and magnetic resonance imaging. She will follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Robaxin 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

Decision rationale: MTUS Guidelines document that Robaxin is a central nervous system sedative and the Guidelines do not recommend this as a first line drug for musculoskeletal conditions. The request is for use post total knee replacement, but there is no evidence that intolerable muscle spasm is or will occur and there is no evidence that first line drugs will be trialed. There are no unusual circumstances to justify an exception to Guidelines. The Robaxin 75mg #60 is not supported by Guidelines and is not medically necessary.

Cipro 500mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious disease, Ciprofloxacin (Cipro).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/advistmt/1027.asp>.

Decision rationale: MTUS Guidelines do not address this issue. The American Academy of Orthopedic Surgeons has a position paper on this subject. They advise intravenous intra/peri-operative antibiotics during or up to 24 hours post total knee replacement. Continuing post-operative antibiotics 24 hours after surgery is specifically not recommended due to worse long term outcomes. There are no unusual circumstances documented that justify an exception to the recommended standard of practice. The Cipro 500mg. #10 is not medically necessary.