

Case Number:	CM14-0140317		
Date Assigned:	09/10/2014	Date of Injury:	02/17/2007
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female who reported an injury of unknown mechanism on 02/17/2007. On 04/22/2014, her diagnoses included hypercoagulable state with a family history of hypercoagulable state. She had a history of deep vein thrombosis in 2007. Due to her diagnosis, she would have to be on lifelong anticoagulation therapy. There were prescriptions attached to this injured worker's file for levofloxacin 500 mg and ciprofloxacin 500 mg, but no rationale or request for authorization was included in her chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health Medline Plus Updated 12/15/13

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Antibiotic prophylaxis (for hernia repair).

Decision rationale: The request for levofloxacin 500 mg is not medically necessary. The Official Disability Guidelines do not recommend antibiotic prophylaxis except when mesh is

used in hernia repair. The use of antibiotic prophylaxis is recommended in open elective repair of inguinal hernia when mesh is used. For hernia repair not involving prosthetic material, the antibiotic prophylaxis is not recommended in the absence of risk factors since there was no clear evidence that routine administration of antibiotic prophylaxis for elective inguinal hernia repair reduced infection rates. There was no indication in the submitted documentation that this injured worker was scheduled for a hernia repair utilizing mesh. Additionally, there was no indication that this worker had any type of systemic bacterial infection. Furthermore, there was no quantity of medication or frequency of administration specified in the request. Therefore, request for Levofloxacin 500 mg is not medically necessary.

Ciprofloxacin 500mg Quantity: 14.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine/National Institutes of Health Medline Plus Updated 12/15/13

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hernia, Antibiotic prophylaxis (for hernia repair).

Decision rationale: The request for ciprofloxacin 500 mg QTY: 14.00 is not medically necessary. The Official Disability Guidelines do not recommend antibiotic prophylaxis except when mesh is used in hernia repair. The use of antibiotic prophylaxis is recommended in open elective repair of inguinal hernia when mesh is used. For hernia repair not involving prosthetic material, the antibiotic prophylaxis is not recommended in the absence of risk factors since there was no clear evidence that routine administration of antibiotic prophylaxis for elective inguinal hernia repair reduced infection rates. There was no indication in the submitted documentation that this injured worker was scheduled for a hernia repair utilizing mesh. Additionally, there was no indication that this worker had any type of systemic bacterial infection. Furthermore, there was no frequency of administration specified in the request. Therefore, request for Ciprofloxacin 500 mg Quantity: 14.00 is not medically necessary.