

Case Number:	CM14-0180456		
Date Assigned:	11/05/2014	Date of Injury:	08/08/2001
Decision Date:	12/10/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 50 year-old female with a date of injury of 8/8/2001. The mechanism of injury was a fall from a chair. The patient's industrially related diagnoses include lumbar degenerative disc disease, lumbar disc herniation, lumbar radiculopathy, and chronic low back pain. The patient has had multiple surgical interventions including laminectomy, X-stop placement, and fusion. The patient also has chronic knee pain and periodontal disease. The patient has been on several pain medications including Fentanyl, Fentora, tizanidine, and Oxycontin. The disputed issue is a request for Levaquin. A utilization review determination had noncertified this request. The stated rationale for the denial was there was no evidence of infection or specified rationale as to why Levaquin was needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin 750mg, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, Levaquin. Uptodate Online, Levaquin Entry

Decision rationale: After a review of the submitted documentation, there was no clear indication as to why Levaquin is needed. There are many notes documenting dental and periodontal issues, but no clear documentation of infection or anticipated surgery that would require prophylaxis. This request is not medically necessary.