

Case Number:	CM14-0113439		
Date Assigned:	09/16/2014	Date of Injury:	09/08/2013
Decision Date:	01/06/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 has a date of injury 9/8/13. She has been treated for cervical and lumbar discopathy and bilateral carpal tunnel syndrome. The patient reports back pain which radiates into the right buttock with associated paresthesias and lower limb weakness. Patient also complains of neck pain and which radiates into bilateral shoulders with associated upper extremity paresthesias and morning weakness. Cervical MRI reports evidence of multilevel moderate disc desiccation and degenerative changes with bilateral C5-7 neural foraminal narrowing. Lumbar MRI reports L3-4 disc degeneration, facet arthropathy and severe spinal stenosis. Lumbar spinal fusion is planned. On 6/27/14 requests are made for ephedrine citrate for muscle spasms, Terocin patch for pain and levofloxacin 750 mg daily for 7 days after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate, #120,: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The injured worker is being treated for chronic pain due to degenerative cervical and lumbar spine changes. Treatment diagnoses include cervicgia and lumbago. A request was made for one-month supply of muscle relaxant, to be used as needed every 8 hours. The California MTUS guidelines recommend muscle relaxants for short-term acute exacerbations in patients with chronic low back pain. The request complies with the California MTUS guidelines and is therefore medically necessary.

Terocin Patches, #30,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anesthetics; Salicylate Topicals Page(s): 111-115; 105.

Decision rationale: The injured worker is being treated for chronic pain due to degenerative cervical and lumbar spine changes with diagnosis of chronic L5 radiculopathy. Treatment diagnoses include cervicgia and lumbago. The California MTUS guidelines indicate that topical lidocaine is recommended for localized peripheral neuropathic pain. Capsaicin is recommended for patients with chronic nonspecific back pain who have not responded to or intolerant of other treatments. The provided documentation does not contain supportive physical exam findings or historical pain reports indicative of localized neuropathic pain. Nor is there documentation of the injured worker being adequately trialed on first-line therapy such as tricyclic antidepressants or anticonvulsants. The request for Terocin and which contains lidocaine and capsaicin, does not meet the California MTUS guidelines and is therefore not medically necessary.

Levofloxacin 750mg, #30,: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prophylaxis; as well as Updated Recommendations for Control of Surgical Site Infections

Decision rationale: The injured worker is being treated for chronic pain due to degenerative cervical and lumbar spine changes with diagnosis of chronic L5 radiculopathy. Treatment diagnoses include cervicgia and lumbago. Posterior lumbar fusion is planned. Subsequent request is made for prophylactic antibiotic therapy for 1 week. Official Disability Guidelines recommend one dose of antibiotic prophylaxis in conjunction with hip surgery. Annals of Surgery 2011 indicates that single dose of antibiotics for chemotherapy prophylaxis is as effective as multiple doses and prolonged administration for longer than 24 hours has no benefit in neurosurgical procedures. The request for levofloxacin for 7 days #30 exceeds current standards for antimicrobial prophylaxis and is therefore not medically necessary.