

Case Number:	CM15-0017442		
Date Assigned:	02/05/2015	Date of Injury:	09/12/2001
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old female sustained a work related injury on 09/12/2001. According to a handwritten progress report dated 11/11/2014, the injured worker's medication regimen included Levaquin. There was no indication on the progress report what she was taking it for. On 11/14/2014, the injured worker underwent anterior cervical discectomy, partial corpectomy at C4-C5, C5-C6 and C6-C7 and fusion at C4-C5, C5-C6 and C6-C7. Postoperative diagnoses included cervical discogenic disease and cervical radiculopathy. Final diagnoses at the time of discharge from the hospital included cervical spine degenerative joint disease, dyslipidemia, shingles, depression and history of pulmonary embolism/inferior vena cava filter replacement. Diagnoses on 12/02/2014 were listed as status post multiple lumbar fusions, chronic neck pain, post-op pulmonary blood clots, loss of bowel and bladder control since last surgery, pseudo L2-3, intractable low back pain and status post C4-7 fusion. Her chief complaint was low back pain, leg pain and neck pain. On 01/27/2015, Utilization Review non-certified Levofloxacin 500mg #10. According to the Utilization Review physician, the Physician's Desk Reference (PDR) recommends this "antibiotic for treatment of specific infections" which was not herein documented. Therefore the request was non-certified. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levofloxacin 500mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Infectious diseases' and topic 'Levofloxacin (Levaquin)

Decision rationale: The 64 year old patient presents with low back pain, leg pain, and neck pain, as per progress report dated 12/02/14. The request is for LEVOFLOXACIN 500 mg # 10. The RFA for the case is dated 01/16/15, and the patient's date of injury is 09/12/01. The patient is status post anterior cervical discectomy, cervical fusion at C4-5, C5-6 and C6-7 along with instrumentation and corpectomy at the same level on 11/14/14, as per the operative report. Diagnoses, as per progress report dated 12/02/14, included chronic neck pain, post-op pulmonary blood clots, loss of bowel and bladder control, intractable low back pain, and Pseudo L2-3. Medications, as per progress report, dated 09/02/14, included Norco and Lexapro. The patient is temporarily totally disabled, as per progress report dated 12/02/14. ODG guidelines, chapter 'Infectious diseases' and topic 'Levofloxacin (Levaquin)', states that the medication is recommended as first-line treatment for osteomyelitis, chronic bronchitis, and pneumonia (CAP). In this case, none of the progress reports discuss the need for this Levofloxacin. The patient is status post anterior cervical discectomy, cervical fusion at C4-5, C5-6 and C6-7 along with instrumentation and corpectomy at the same level on 11/14/14. The RFA for this request is dated 01/16/15, thereby indicating that it is for post-surgical use. The available medical reports do not provide the information required to make a determination based on ODG guidelines and there is no documentation of osteomyelitis, chronic bronchitis or pneumonia. Hence, the request IS NOT medically necessary.