

Case Number:	CM15-0114702		
Date Assigned:	06/23/2015	Date of Injury:	06/25/2014
Decision Date:	07/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male, who sustained an industrial injury on June 25, 2014. Treatment to date has included right L4 hemilaminotomy, discectomy and foraminotomy on 5/21/2015. Currently, the injured worker complains of intermittent pain in the right anterior thigh and numbness in the right anterior shin to the top of the foot. He rates his pain a 5 on a 10-point scale. The injured worker is status post lumbar surgery and he reports intermittent fevers. The diagnoses associated with the request include status post right L4 hemilaminotomy, discectomy and foraminotomy; L3-4 extruded disc herniation with right L4-5 radiculopathy, right L3-4 lateral recess stenosis and right L4-5 foraminal stenosis. The treatment plan includes continued home exercise/walking, Levaquin 750 mg prophylactically for infection, Oxycodone for pain, laboratory evaluation to evaluate for possible infection and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levaquin 750mg #7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Infectious Diseases, Levofloxacin (Levaquin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Levaquin. <http://www.rxlist.com/levaquin-side-effects-drug-center.htm>.

Decision rationale: Levaquin is an anti-biotic used to treat bacterial infections. There is no documentation of bacterial infection sensitive to Levaquin. Therefore, the request of Levaquin 750mg #7 is not medically necessary.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of functional improvement with previous use of the opioids. There is no documentation of significant pain improvement with previous use of opioids. There is no justification of continuous use of Oxycodone. Therefore, the prescription of Oxycodone 10 mg # 120 is not medically necessary.