

Case Number:	CM15-0124845		
Date Assigned:	07/09/2015	Date of Injury:	04/10/2013
Decision Date:	09/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on April 10, 2013. She reported left shoulder and knee pain after tripping over a table while working as a cashier. The injured worker was diagnosed as having lumbar degenerative disc disease with radiculopathy, herniated nucleus pulposus at lumbar 4-5 and lumbar 5-sacral 1 levels with foraminal narrowing, left knee pain, left ankle tendinosis and sprain with avulsion fracture and left hip pain consistent with arthritis. Treatment to date has included diagnostic studies, physical therapy, left shoulder injection, lumbar transforaminal steroid injection, radiographic imaging, medications and work restrictions. Currently, the injured worker complains of continued pain in the cervical spine radiating to the left upper extremity, burning left shoulder pain and stiffness radiating to the left ribs and scapula, low back pain radiating to both hips, bilateral knee pain, left buttock pain and left ankle pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 20, 2015, revealed continued pain with associated symptoms as noted. She reported wearing an ankle brace for support. She noted aqua therapy and acupuncture were completed with minimal relief noted after acupuncture therapy. She noted significant relief with previous shoulder and lumbar injection. She rated her pain at 10/10 with 10 being the worst. It was noted the pain limits 100% of her daily activities. Medications including Gabapentin were ordered. Additional injections, gentle exercise and continued bracing of the knee was recommended. Nerve conduction studies on March 3, 2015, revealed normal electromagnetic studies in the left lower extremity with no electrical evidence of radicular compromise. There

was an absent response to the left lateral femoral cutaneous sensory fibers and normal sensory nerve conduction velocity and normal late responses in the form of H and F waves in the left lower extremity. Left knee arthroscopy and partial medial meniscectomy was performed on March 20, 2015. Left shoulder arthroscopy, rotator cuff repair, labral shaving/debridement, Mumford procedure and acromioplasty was performed on May 12, 2015. Evaluation on June 5, 2015, reported fever however her temperature was noted to be 98.5. Steri strips were applied and no redness, swelling or drainage was noted. Gabapentin 550mg no refills #90 and Levofloxacin 550mg no refills #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 550mg no refills #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: According to the California (CA) MTUS Guidelines, Gabapentin is shown to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation provided did not include evidence of improved function or documentation of efficacy of the medication. Ongoing assessments of pain and function supported with tools of measurement were not provided. The reports consistently were without a numerical pain rating or description. For these reasons, Gabapentin 550mg no refills #90 is not medically necessary.

Levofloxacin 550mg no refills #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain.

Decision rationale: The California (CA) MTUS Guidelines are silent regarding the use of Levofloxacin. According to the Official Disability Guidelines (ODG), Levofloxacin is recommended as a first line treatment for osteomyelitis, chronic bronchitis and pneumonia. The injured worker was status post surgical intervention of the shoulder on May 12, 2015. Evaluation on June 5, 2015, revealed temperatures within normal limits and there were no noted signs and symptoms of infection. There was no indication in the documentation to support osteomyelitis. For these reasons, Levofloxacin is not medically necessary.