

<b>Case Number:</b>	CM15-0128423		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/16/2000
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 51 year old male who sustained an industrial injury on 05/16/00. Initial complaints and diagnoses are not available. Treatments to date include medications and home exercise program. Diagnostic studies are not addressed. Current complaints include low back, neck, and left shoulder pain. Current diagnoses include lumbago, lumbar disc displacement, cervicalgia, and shoulder region issues. In a progress note dated 05/07/15 the treating provider reports the plan of care as medications including Relafen, Prevacid, Zofran, Flexeril, Tramadol ER, Levaquin, and Lunesta, as well as a home exercise program. The requested treatments include Prevacid, Tramadol, and Levofloxacin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
 Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Prevacid is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prevacid is not medically necessary.

**Tramadol 150mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol and NSAIDS. There was no mention of Tylenol failure. Pain level remained persistent and high without mention of significant improvement in function. Long-term use of Prevacid is not indicated and not medically necessary.

**Levofloxacin 750mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases: Levofloxacin (Levaquin) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infection chpaterr and pg16.

**Decision rationale:** According to the ODG guidelines, Levofloxacin is indicated for respiratory and joint infections. In this case, the antibiotic was given for post-operative prophylaxis. There was no mention of active infection and Levofloxacin is not the drug of choice for pre/post operative prophylaxis. The continued use of Levofloxacin is not medically necessary.