

Case Number:	CM15-0046429		
Date Assigned:	03/18/2015	Date of Injury:	09/09/2011
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, 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 63 year old male, who sustained an industrial injury on 9/9/2011. The current diagnoses are bilateral TMJ internal derangement, injury to trigeminal nerve, osteoarthritis of the bilateral TMJ, clenching/bruxism, xerostomia, myofascial pain dysfunction, cephalgia, and myalgia. According to the progress report dated 2/11/2015, the injured worker reports reduced pain with physical therapy, trigger point injections, and appliance use. Per notes, he has been sick with bronchitis. He states his "ear feels like there is water inside". Treatment to date has included physical therapy to the jaw, trigger point injections, and appliance. The plan of care includes Azithromycin tab 250 mg #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Azithromycin tab 250 mg #6: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.empr.com/zithromax/drug>.

Decision rationale: Pursuant to Drugs.com, Azithromycin 250 mg #6 is not medically necessary. Azithromycin (Zithromax) is a macrolide antibacterial drug indicated for treatment of patients with mild to moderate infections caused by susceptible strains of the designated microorganisms in conditions such as sexually transmitted diseases, mycobacterial infections, atypical pneumonias, acute bacterial exacerbations in COPD, acute bacterial sinusitis, otitis media, pharyngitis/tonsillitis, uncomplicated skin and skin structure, etc. See guidelines for additional details. In this case, the injured worker's working diagnoses are myofascial pain dysfunction; clenching/bruxism; cephalgia; internal derangement bilateral TM joints; osteoarthritis bilateral TM joints; capsulitis bilateral TM joints; myalgia muscles of mastication; xerostomia; injury to trigeminal nerve with numbness anterior lip and chin. There is no documentation in the medical record support the use of Zithromax. There is no clinical progress note, rationale, purpose, diagnosis or indication for the Azithromycin. [REDACTED], the issuing provider, (according to the utilization review) is the injured worker's personal dentist. This provider does not treat the injured worker for any work related injuries. Consequently, absent clinical documentation with a clinical indication, rationale or clinical entry in the medical record, Azithromycin 250 mg #6 is not medically necessary.