

<b>Case Number:</b>	CM13-0014400		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	02/02/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pulmonary Diseases and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 59-year-old male with a reported date of injury on 02/02/2008. On 05/09/2013, the patient had a right testicular nerve block and an ilioinguinal nerve block. The patient reported when he walked, the right testicle touched the thigh and caused the patient discomfort and the patient presented with tenderness on the right epididymis. The patient had diagnoses including testalgia, right inguinal nerve pain, and right epididymitis. The physician's treatment plan included a request for 1 prescription of Doxycycline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doxycycline (unknown dosage/quantity):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious disease, Doxycycline.

**Decision rationale:** The Official Disability Guidelines note doxycycline is recommended as first-line treatment for cellulitis and other conditions and for prevention of malaria. The

guidelines recommend the use of doxycycline for patients who can generally be treated as outpatients with oral therapy, as they have no signs of systemic toxicity and no uncontrolled comorbidities. The guidelines recommend doxycycline for outpatients with purulent cellulitis. The provider recommended that the patient take Doxycycline twice a day for 10 days. Within the provided documentation as well as the request, the provider did not include the dosage of the Doxycycline. Additionally, the requesting physician's rationale for the request was unclear within the provided documentation.