

Case Number:	CM13-0040792		
Date Assigned:	12/20/2013	Date of Injury:	02/05/2008
Decision Date:	11/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

Patient is a 57 year-old male with date of injury 02/05/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/05/2013, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumbar paravertebral muscles. Straight leg raising test was positive. 1+ deep tendon reflexes on the left versus 2+ on the right. 4/5 motor strength on the left versus 5/5 on the right. Diagnosis: 1. Lumbar radiculopathy, left, primary 2. Replaced knee joint 3. Other, mechanical complications for prosthetic joint implant left 4. Malalignment patella left 5. Osteoarthritis, primary localized of knee, right 6. Pain of shoulder joint right. The medical records supplied for review document that the patient had not been prescribed the following medication before 09/05/2013. Medications: 1. Amoxicillin Capsules 500mg, #16 SIG: one capsule, twice a day, until gone.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF AMOXICLLIN CAPS 500 MG QUANTITY 16: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM and ODG, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Antibiotic prophylaxis against postoperative wound infections. Cleve Clin J Med. 2006 Mar;73 Suppl 1:S42-5. Gordon SM.

Decision rationale: There is no documentation in the medical record indicating why the Amoxicillin has been prescribed. I suspect, based on the patient's recent knee replacement and that the medication was requested by a dentist that was intended as prophylaxis prior to a dental procedure; however, there is no documentation to that effect. In regard to antibiotic prophylaxis prior to a surgical procedure, prophylactic antibiotics should be given as close to the time of incision as possible to ensure that tissue antimicrobial levels are adequate and maintained for the duration of the procedure. The choice of antibiotic should be based on the organisms most likely to be encountered--usually staphylococcal skin flora. Prophylactic antibiotics should not continue to be administered more than 48 hours post operatively. The quantity of Amoxicillin prescribed is excessive based on current guidelines, but must be non certified due to lack of documentation. Pharmacy purchase of Amoxicillin caps 500 mg quantity 16 is not medically necessary.