

<b>Case Number:</b>	CM13-0052013		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	12/09/1996
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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:

The injured worker is a 57-year-old female with a reported date of injury of 12/9/86. The mechanism of injury was a trip and fall. Her diagnoses include lower extremity complex regional pain syndrome, status post bilateral knee injuries and left knee arthroscopy, right knee strain of compensable consequence, lumbar spine sprain/strain as a compensable consequence, lumbar spine status post lumbar laminectomy lines several in connection with the spinal infusion pump infection, status post spinal cord stimulator implantation, psychological injury with depression, anxiety status post implantation and explanation of spinal infusion pump date of infection, and dental injury. Her previous treatments were noted to include surgery and medications. The medications listed on 11/18/13 are MS-Contin 60 every 8 hours, Dilaudid 8mg 4 times a day, lisinopril, Lyrica 300mg (2 tablets at noon), estradiol, Aciphex, atenolol, furosemide, hydrochlorothiazide, levothyroxine, Linzess, lisinopril, Lyrica 300mg (2 tablets at 6 pm), ranitidine, and fibrid. The physical examination showed an abnormal limp, and a suture was removed from her abdomen. The injured worker complained of lower extremity pain, left worse than right, as well as pain in the upper extremities and neck. Her leg pain was described as aching and burning and was at 7/10. The injured worker found that medication was the only thing that helped. She stated the pain in the knee, in her head, and the rest of her body was at 5/10. She used hot baths, hot oils, walking, music, and candles for hypnosis. The progress note dated 7/29/13 reported the injured worker was on Ancef, which was managed by Infectious Disease. The progress note dated 9/23/13 reported the list of medications as a narcotic pump, the initial use of cionida/ketop cream, MS-Contin, and hydromorphone. A prescription dated 11/1/13 is for ampicillin (2g over 30 minutes every 4 hours via mechanical pump) and the additional orders state to discontinue IV meds after the last dose on 11/4/13, and maintain the PICC line until further notice.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPT/SNF IV ANTIBIOTICS- 4 WEEKS POST-OP AMPICILLIN:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases, Skin and Soft Tissue infections; abscess.

**Decision rationale:** Ampicillin was discontinued on 11/4/2013. The Official Disability Guidelines recommend incision and drainage as a primary treatment, and antibiotic treatment when there is a severe or extensive disease, rapid progression in the presence of associate cellulitis, signs and symptoms of systemic disease, associated comorbidities or immunosuppression, extremes of age, abscess in an area that is difficult to drain (face, hand, genitalia) associated with septic phlebitis, and lack of response to incision and drainage. The guidelines also state that antibiotics after incision and drainage of uncomplicated skin abscess do not appear to increase clinical cure rates. The documentation submitted reported the injured worker's antibiotic, Ampicillin, was discontinued on 11/4/13. The documentation provided reported that the surgery was in July 2013; therefore, does not warrant four weeks postoperative Ampicillin at this time. As such, the request is not medically necessary.