

<b>Case Number:</b>	CM14-0020673		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/22/1993
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Preventive 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:

According to the records made available for review, this is a 68-year-old male with a 7/22/93 date of injury. At the time (11/8/13) of the Decision for authorization for Amox TR- Potassium-Calvula 875-125 #60 with 6 refills, there is documentation of subjective (difficulty with ambulation due to lower extremity orthopedic injuries in both legs and loss of use of both upper extremities) and objective (end-stage rotator cuff arthropathy bilaterally with frozen shoulder) findings, current diagnoses (status post bilateral hip replacement, bilateral knee degenerative disease, history of osteomyelitis and prosthetic infection, and hepatitis C), and treatment to date (ongoing therapy with Augmentin (Amoxicillin/Clavulanate) and bilateral total hip replacements). There is no documentation of a condition/diagnoses (with supportive subjective/objective findings and relevant testing/study findings) for which Augmentin is indicated (infections caused by bacteria, including infections of the ears, lungs, sinus, skin, and urinary tract).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMOX TR- POTASSIUM- CALVULA 875-125 #60 WITH 6 REFILLS:** 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 Non-MTUS (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a685024.html>).

**Decision rationale:** MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of a condition/diagnoses (with supportive subjective/objective findings and relevant testing/study findings) for which Augmentin (combination of amoxicillin and clavulanic acid) is indicated (such as infections caused by bacteria, including infections of the ears, lungs, sinus, skin, and urinary tract). Within the medical information available for review, there is documentation of diagnoses of status post bilateral hip replacement, bilateral knee degenerative disease, history of osteomyelitis and prosthetic infection, and hepatitis C. In addition, there is documentation of ongoing treatment with Augmentin. However, despite documentation of a diagnosis of history of osteomyelitis and prosthetic injection, there is no documentation of a condition/diagnoses (with supportive subjective/objective findings and relevant testing/study findings) for which Augmentin is indicated (infections caused by bacteria, including infections of the ears, lungs, sinus, skin, and urinary tract). In addition, there is no documentation of a rationale from the requesting physician identifying the medical necessity of the requested Amox TR- Potassium- Calvula 875-125 #60 with 6 refills. Therefore, based on guidelines and a review of the evidence, the request for Amox TR- Potassium- Calvula 875-125 #60 with 6 refills is not medically necessary.