

<b>Case Number:</b>	CM14-0024304		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/12/2005
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 68 year old person who sustained a work-related injury on 4/12/05 resulting in chronic neck pain. She had an anterior cervical vertebrectomy at C6-7 and an anterior cervical fusion at C6-7 done 11/20/13. An infectious disease specialist on 2/13/14 evaluated the injured worker due to a chronically draining wound in the anterior aspect of the neck since cervical spine surgery in 11/13. The patient had been undergoing treatment with Vancomycin and had difficulty with the PICC (peripherally inserted central catheter) line with an infection. The provider noted that a CT of the soft tissue of the neck had been negative for a deep tissue infection. The physical exam of the neck noted a "right neck superior aspect of wound less erythematous, intensity less, no drainage, and indurated/fluctuant area also less. No tenderness." Lab studies dated 2/10/14 included a WBC-7.1. The injured worker also had evidence of contact dermatitis of the arm and possible vein clot of the upper extremity involving the PICC line. The diagnosis included chronic draining neck wound, cellulitis of the anterior neck, soft tissue abscess, suture abscess, and rule out osteomyelitis and hardware infection. The ID specialist notes that the patient's wound is dramatically improved after starting the vancomycin and that she had failed prior treatment with Keflex (orally). The concern is for possible osteomyelitis or wound infection with high risk of infecting hardware in the cervical spine. The recommendation is for 4 week of antibiotics and to change the IV vancomycin to oral Linezolid 600mg twice daily for 20days. Services under review include Vancomycin IV PICC line for 3 weeks, Vanco 500mg 112units: 1gm via PICC line over 2hr 15min q12hr via CADD Prizm Pump for 4 weeks, and Home infusion supplies for IV AB infusion therapy q12hrs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VANCOMYOCIN INTRAVENOUS (IV) PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) LINE FOR THREE WEEKS: 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 ODG Infectious Diseases Bone and joint infections: osteomyelitis.

**Decision rationale:** The California MTUS is silent regarding the use of vancomycin for a cellulitis that has failed oral antibiotics with a suspected hardware infection. According to the ODG infectious disease section regarding bone and joint infections prolonged antibiotic therapy and surgical debridement is recommended depending on severity. For Methicillin-resistant S. aureus (MRSA): Vancomycin is usually used (+/- rifampin). Linezolid and daptomycin are options in cases that are vancomycin resistant. In this case the patient was planned for prolonged antibiotics, since the skin infection didn't respond to keflex initially MRSA is suspected. She has had evidence of a wound infection involving the cervical soft tissue and possible the hardware. The patient didn't do well with a PICC line suffering an infection with contact dermatitis. As Vancomycin can only be given intravenously and the patient didn't tolerate the PICC line, the continued use of vancomycin is not medically necessary. As an oral antibiotic is planned for use (per the infectious disease provider on 2/13/14) then vancomycin IV via PICC line with IV supplies and a home IV infusion pump are not medically necessary for the additional 3 weeks of treatment.

**VANCOMYOCIN 500 MG, 112 UNITS: 1 GRAM VIA PICC LINE OVER TWO HOURS AND FIFTEEN MINUTES, EVERY TWELVE HOURS VIA CADD PRISM PUMP FOR FOUR WEEKS: 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 ODG Infectious Diseases Bone and joint infections: osteomyelitis.

**Decision rationale:** The California MTUS is silent regarding the use of vancomycin for a cellulitis that has failed oral antibiotics with a suspected hardware infection. According to the ODG infectious disease section regarding bone and joint infections prolonged antibiotic therapy and surgical debridement is recommended depending on severity. For Methicillin-resistant S. aureus (MRSA): Vancomycin is usually used (+/- rifampin). Linezolid and daptomycin are options in cases that are vancomycin resistant. In this case the patient was planned for prolonged antibiotics, since the skin infection didn't respond to keflex initially MRSA is suspected. She has had evidence of a wound infection involving the cervical soft tissue and possible the hardware.

The patient didn't do well with a PICC line suffering an infection with contact dermatitis. As Vancomycin can only be given intravenously and the patient didn't tolerate the PICC line, the continued use of vancomycin is not medically necessary. As an oral antibiotic is planned for use (per the infectious disease provider on 2/13/14) then vancomycin IV via PICC line with IV supplies and a home IV infusion pump are not medically necessary for the additional 3 weeks of treatment.

**HOME INFUSION SUPPLIES FOR INTRAVENOUS (IV) ANTIBIOTIC (AB) INFUSION THERAPY:** 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 ODG Infectious Diseases Bone and joint infections: osteomyelitis.

**Decision rationale:** The California MTUS is silent regarding the use of vancomycin for a cellulitis that has failed oral antibiotics with a suspected hardware infection. According to the ODG infectious disease section regarding bone and joint infections prolonged antibiotic therapy and surgical debridement is recommended depending on severity. For Methicillin-resistant Staphylococcus aureus (MRSA): Vancomycin is usually used (+/- rifampin). Linezolid and daptomycin are options in cases that are vancomycin resistant. In this case the patient was planned for prolonged antibiotics, since the skin infection didn't respond to keflex initially MRSA is suspected. She has had evidence of a wound infection involving the cervical soft tissue and possible the hardware. The patient didn't do well with a PICC line suffering an infection with contact dermatitis. As Vancomycin can only be given intravenously and the patient didn't tolerate the PICC line, the continued use of vancomycin is not medically necessary. As an oral antibiotic is planned for use (per the infectious disease provider on 2/13/14) then vancomycin IV via PICC line with IV supplies and a home IV infusion pump are not medically necessary for the additional 3 weeks of treatment.