

Case Number:	CM14-0024307		
Date Assigned:	06/11/2014	Date of Injury:	04/12/2005
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	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 & Emergency Medicine and is licensed to practice in Florida 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:

This patient is a 68 year-old with a date of injury of 04/12/05. A progress report associated with the request for services, dated 01/30/14, identified subjective complaints of a chronic draining wound in the neck since a cervical fusion in November of 2013. It began about 2 weeks after surgery, and though better, had continued. She had been treated with multiple courses of Keflex. Objective findings included induration and fluctuation in the superior aspect of the wound. This was drained and cultured. Culture results are not available. Diagnoses included chronic draining neck wound; rule-out soft tissue abscess, suture abscess, or osteomyelitis. A 4 weeks course of empiric vancomycin was ordered. A Utilization Review determination was rendered on 02/11/14 recommendation of not medically necessary and appropriate of "vancomycin IV Picc line for three weeks quantity 1".

IMR ISSUES, DECISIONS AND RATIONALES

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

VANCOMYCIN IV PICC LINE FOR THREE WEEKS QUANTITY 1: Overturned

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, Vancomycin; Skin & Soft Tissue Infections: Cellulitis.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address the treatment of skin & soft tissue infections or osteomyelitis. The Official Disability Guidelines (ODG) state that vancomycin is recommended. For purulent cellulitis or non-purulent that has failed empiric therapy for streptococcus or methicillin-sensitive staph aureus, empiric therapy with coverage for methicillin-resistant staph aureus is recommended. Vancomycin is recommended as alternative therapy. The non-certification was based upon lack of documentation for the reason for therapy. In this case, the patient appeared to have an underlying infection; and it had not responded to conventional therapy. Therefore, the medical record does document the medical necessity for vancomycin therapy for three weeks.