

<b>Case Number:</b>	CM14-0126234		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 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:

The injured worker (IW) is a 48-year-old woman with a date of injury of August 20, 2012. The mechanism of injury was not documented in the medical record. The IW has been diagnosed with status post twisting injury of the right foot and ankle; status post fractured third digit of the right foot (resolved); chronic arthralgia of the right foot second and third digit proximal and interphalangeal joints secondary to the twisting injury; posttraumatic arthrofibrosis (scar tissue) on the right ankle without lateral impingement lesion secondary to twisting injury; status post-surgical repair; complex regional pain syndrome/reflex sympathetic dystrophy syndrome, right foot; traumatic neuroma at the third web space of the right foot, status post-surgical repair; allergic reaction at the right foot and ankle with second degrees burn; and cellulitis. Pursuant to the progress noted dated June 23, 2014, the IW presented for a postsurgical evaluation following the recent completed extensive right ankle debridement and excision of a traumatic neuroma from the right foot. The IW complained of severe blistering of her right lower leg. She reported an overall pain level of 4-5/10 at rest. On examination, there was severe blistering of the lateral aspect of the lower leg, which extended to the right midfoot region. The blistering appeared to be a superficial second degrees burn with mild erythema resulting from an allergic reaction to either the tape or preoperative surgical scrub that was used. Moderate to severe tenderness was noted over the blistered area and the forefoot. The current request is for Augmentin 500/125mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Augmentin 500/125MG #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Augmentin - Infectious Diseases

**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, Augmentin, Amoxicillin.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Augmentin 500/125 mg #20 is not medically necessary. Augmentin is recommended as first-line treatment from bite wounds and other conditions. It is recommended for human bites. Amoxicillin is recommended as first-line treatment for cellulitis. Augmentin is a compounded product to antibiotics, amoxicillin and clavulanate. In this case, the injured worker developed severe blistering thought to be secondary to an allergic reaction from the tape or from the preoperative sterile scrub. The injured worker developed a cellulitis likely resulting from the allergic reaction. Amoxicillin is indicated to treat mild infection (cellulitis) that may be present and to prevent further secondary infection. Augmentin is indicated for more severe infections in addition to bite wounds. Consequently, based on the type of infection and the cellulitis developing from an allergic reaction Amoxicillin is indicated, Augmentin is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Augmentin 500/125 mg #20 is not medically necessary.