

<b>Case Number:</b>	CM14-0133538		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

### 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 32 year old male, who sustained an industrial injury on 7/28/14. Office visit on 8/4/14 noted that he had first noticed chest and arm rash 2 weeks prior and was given keflex and bactrim and is not better, no worse, does have some itchiness and painful at times. The diagnoses have included cellulitis of chest wall; rash and nonspecific skin eruption and methicillin-resistant staphylococcus aureus culture positive in 2012. According to the utilization review performed on 8/15/14, the requested Mupriocin 2% Nasal Ointment has been certified and the request for Cephalexin 500mg has been non-certified. The 2011 Clinical Practice Guidelines by the Infectious Diseases Society of American for the Treatment of methicillin-resistant staphylococcus aureus. Cephalexin is mentioned as an agent per the Infectious Disease Society of America Guidelines, in combination with other antibiotics, but is not supported here since it did not appear to be requested; no doing schedule or quantity was mentioned and the injured workers describe as taking the medications per another prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cephalexin 500mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://cid.oxfordjournals.org/content/early/2011/01/04/cid.ciq146.full>. Lui C et al. Clinical Practice Guidelines by the Infectious Diseases Society of America for the Treatment of Methicillin-Resistant Staphylococcus Aureus Infections in Adults and Children. Clin Infect Dis. (2011) doi:10.1093/cid/ciq146 First published online: January 4, 2011. "15. Decolonization strategies should be offered in conjunction with ongoing reinforcement of hygiene measures and may include the following:i. Nasal decolonization with mupirocin twice daily for 5-10 days (C-III)."

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Cephalexin Keflex <http://www.drugs.com/pro/keflex.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Cephalexin (Keflex). FDA guidelines indicate that Cephalexin (Keflex) is indicated for the treatment of infections when caused by susceptible strains of designated microorganisms. The office visit dated 08-04-2014 documented that the patient saw his primary care physician last week and was given Keflex. The patient was taking the Keflex (Cephalexin) 500 mg for a rash. The frequency and duration were not specified. Because frequency and duration were not specified, the request for Cephalexin (Keflex) cannot be endorsed. Therefore, the request for Cephalexin is not medically necessary.