

Case Number:	CM14-0064949		
Date Assigned:	07/11/2014	Date of Injury:	01/22/2014
Decision Date:	04/23/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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 53 year old male, who sustained an industrial injury on January 22, 2014. He reported being struck at the back of his right leg by a canopy. The injured worker was diagnosed as having severe right common peroneal neuropathy, and right hip osteoarthritis. Treatment to date has included magnetic resonance imaging, x-rays, medications, electro diagnostic studies, and ice applications. On April 7, 2014, he was seen for complaint of constant pain from the right foot to the low back. The treatment plan included: obtaining in office x-rays of the right hip, right femur, and right knee, request for right total hip replacement, post-operative physical therapy, urine drug screening, and follow up in 4 weeks. The request is for Mupirocin 2 percent ointment 22grams tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mupirocin 2 percent 22g Ointment Tube: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis and Infectious Disease.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7667 and version 29.0 and topic 4044 and version 18.0.

Decision rationale: Mupirocin or bactroban is a topical agent used to treat superficial infection with staph aureus or strept pyogenes infection. Some clinical trials have shown benefit of treating patients with MRSA colonization with this agent applied to the nares in decreasing staph infection when implanting an artificial joint such as a hip or knee. But other studies have not shown benefit and there is no consensus for this treatment in such patients to decrease the risk of infection in artificial joint replacements. In addition, there is no indication for either screening patients preop for staph colonization or in preop staph decolonization for joint replacement patients when there is no history of MRSA colonization. Standard of care to prevent infections in joint replacement patients is to screen carefully for minor infection such as UTI or dental infection. The most common pathogen in joint infection is staph aureus, usually coag - organisms and the most common procedure is to treat perioperatively with IV Kefzol to prevent joint infection. Accepted alternatives include Clindamycin or Vancomycin IV. In this particular patient, there is no documentation of MRSA colonization and there is no adequate documentation as to why Mupirocin would be clinically indicated. Therefore, the UR was justified in its denial of this treatment.