

Case Number:	CM15-0100421		
Date Assigned:	06/02/2015	Date of Injury:	02/06/2003
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 60-year-old male injured worker suffered an industrial injury on 02/06/2003. The diagnoses included lumbar disc displacement with radiculopathy and bilateral knee pain. The injured worker had been treated with epidural steroid injections, acupuncture, chiropractic therapy and medications. On 4/3/2015, the treating provider reported low back pain. He had an epidural steroid injection on 2/27/2015 with 25% relief for a few weeks. He reported increasing numbness in the legs, increased knee pain and increased right foot pain with weakness in the feet. The treatment plan included Keflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex Cap 500mg PO QID x 3 days #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition), J Am Acad Orthop Surg 2008 May; 16 (5):283-93. Prophylactic antibiotics in orthopaedic surgery. Prokuski L. Source University of Wisconsin Hospitals, Madison, WI 53792, USA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Keflex.
http://www.druglib.com/druginfo/keflex/indications_dosage.

Decision rationale: Keflex is an antibiotic used for the treatment of some bacterial infections. There is no documentation that the patient is suffering from a bacterial infection sensitive to Keflex. Therefore, the request is not medically necessary.