

Case Number:	CM15-0103253		
Date Assigned:	06/05/2015	Date of Injury:	08/09/2012
Decision Date:	07/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 51-year-old male patient, who sustained an industrial injury on 08/09/2012. The diagnoses have included lumbar radiculitis, chronic pain syndrome and lumbar post laminectomy syndrome. He was noted to have a lower back injured secondary to trying to catch a falling 24-foot ladder and was knocked to the ground. Per the doctor's note dated 5/11/2015, he had complaints of low back pain with radiation to both legs. TENS and SCS (spinal cord stimulator) makes the pain better. The physical examination revealed decreased lumbar spine range of motion with pain and positive straight leg rising bilaterally. Per the doctor's note dated 04/22/2015, he had a percutaneous spinal cord stimulator inserted. There were no noted complications. The medications list includes oxycontin and percocet. Treatment included injections antibiotics, sedation and pain medication during procedure. The provider requested Keflex 500mg #40 status post insertion. He has undergone left knee surgery in 1977 and right wrist injury in 1999. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg #40: 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) Chapter: Infectious Diseases (updated 06/08/15) Cephalexin (Keflex).

Decision rationale: Q--Keflex 500mg #40. Keflex contains cephalexin, which is a cephalosporin antibiotic. Per the cited guidelines, keflex is "Recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins." Antibiotics like keflex are given post operatively to prevent infection or cellulitis. Per the records, prescribe provided Keflex after spinal cord stimulator insertion for prevention of infection. The request of Keflex 500mg #40 is medically necessary and appropriate for this patient.