

Case Number:	CM15-0165800		
Date Assigned:	09/04/2015	Date of Injury:	07/17/2009
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 7-17-09. The injured worker has complaints of low back pain that radiates down to both lower extremities. The diagnoses have included postlaminectomy syndrome, lumbar region. Treatment to date has included lumbar L4-5 interbody fusion on 1-4-10; open reduction and internal fixation of his right femur on 1-13-14; norco; oxycontin; MS contin; opana; ultracet and MRI of the lumbar spine on 6-5-13 reveals at L4-5, a grade 1 spondylolisthesis with a 7 millimeter dehiscence of the nuclear pulposus with upward protrusion of the anterior portion of the thecal sac. The request was for keflex capsule 500mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex cap 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PDR, keflex.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The physician desk reference states the requested medication is indicated in the treatment of acute skin infections. The patient does not have any of these diagnosis due to industrial incident. Therefore the request is not medically necessary.