

<b>Case Number:</b>	CM15-0208223		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female injured worker suffered an industrial injury on 5-30-2015. On 9-23-2015 the provider noted a list of medications required for pre and post-surgery for certified and anticipated 10-12-2015 left knee arthroscopy that included Bactroban ointment to apply to nasal canal for 2 days prior to surgery, to reduce the risk of MRSA, Keflex to help prevent infection for 2 days after surgery, Norco to control post-operative pain and Prilosec to reduce the risk of gastritis with chronic NSAID use to be started after surgery. Anaprox was certified for post-operative use. The medical record did not include risk factors for or symptoms that required the use of Omeprazole. Request for Authorization date was 9-25-2015. Utilization Review on 9-29-2015 determined non-certification for Bactroban ointment 2%, Keflex 500mg #8, Norco 10/325mg #60 and Prilosec 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bactroban ointment 2%:** Overturned

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

Citation <http://www.ncbi.nlm.nih.gov/pubmed/17152027>, Infect Control Hosp Epidemiol. 2006 Dec; 27(12): 1304-12. Epub 2006 Nov 17.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aaos.org/research/committee/ptsafety/PS\\_SE\\_2012.pdf](http://www.aaos.org/research/committee/ptsafety/PS_SE_2012.pdf).

**Decision rationale:** MTUS and ODG Guidelines do not address this issue. The American Academy of Orthopedic Surgeons support nasal prophylaxis for MRSA with Bactroban for joint procedures. Best practice is to perform pre-operative cultures to fine tune this for the appropriate patients, but use without cultures is an option that is consistent with the overall recommendations. The Bactroban ointment 2% is medically necessary and appropriate.

**Keflex 500mg #8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Infectious Diseases (updated 09/12/15) - Online Version Cephalexin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prophylactic Antibiotics in Hip and Knee Arthroplasty J Bone Joint Surg Am. 2009;91:2480-2490. doi:10.2106/JBJS.H.01219 <https://www.inesss.qc.ca/fileadmin/doc/CDM/UsageOptimal/Guides-serieII/CdM-Antibio2-OrthopedicSurgery-en.pdf>.

**Decision rationale:** ODG and MTUS Guidelines do not address this issue. Standard practice recommendations support pre-operative and intra-operative antibiotic for joint surgeries, but there is no evidence that post operative antibiotics are effective and there is some evidence that they lead to worse outcomes by selecting for resistant bacteria. There are no unusual circumstances to justify exception recommendations. The Keflex 500mg #8 is not medically necessary.

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 09/08/15)- Online Version Opioids, Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS Guidelines support opioid use if there is meaningful pain relief, functional support (with exceptions) and the lack of drug related aberrant behaviors. This is an exception circumstance as this request for post operative pain relief and cannot be viewed as a prescription for chronic pain at this point in time. If Opioids continue beyond 3 post surgery a re-review utilizing the chronic pain Guidelines may be reasonable, but at this point in time there use is appropriate at least short term after surgery. Under these circumstances, the Norco 10/325mg #60 is medically necessary.

**Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 09/08/15) Online Version Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Proton Pump Inhibitors.

**Decision rationale:** Guidelines are not supportive of the prophylactic use of proton pump inhibitors unless there are definitive risk factors present. These risk factors include a history of gastric bleeding, bleeding diathesis, age over 65 or symptoms associated with NSAID use. None of these factors are documented to be present. These are not benign drugs with long term use associated with increased fractures, biological mineral deregulation and some recent evidence of increased cardio-vascular risks. The Prilosec 20mg. #30 is not supported by Guidelines and is not medically necessary.