

Case Number:	CM15-0208947		
Date Assigned:	10/27/2015	Date of Injury:	08/25/2013
Decision Date:	12/09/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania

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 28 year old male with a date of injury of August 25, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for a deviated nasal septum. Medical records dated August 18, 2015 indicate that the injured worker complained of fatigue and mild dizziness. A progress note dated September 15, 2015 documented complaints of breathing difficulties following facial injuries, and pain in the nose rated at a level of 7 out of 10. The progress note dated September 15, 2015 documented a physical examination that showed twisted nasal pyramid to the left. Treatment has included imaging studies that showed a fracture and septal deviation. The treating physician noted a plan that included surgical repair of the deviated septum. The utilization review (October 5, 2015) partially certified a request for Keflex 500mg #28 (original request for unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration, Cefalexin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/Keflex.

Decision rationale: Keflex is an antibiotic indicated for a variety of infections typically prescribed for 7-14 days. It is also prescribed for prophylaxis against infective endocarditis prior to dental, oral, or respiratory tract procedures, typically as a onetime dose. According to the record this worker has traumatic nasal septal deformity and septal deviation. Surgery is planned but no date of surgery is provided in the record. There are no diagnoses or symptoms of infection. If the intent of the prescription was for perioperative prophylaxis, that is not included in the record nor does it appear from the record that surgery has been scheduled. Furthermore, no quantity is provided which would be necessary before a determination of necessity could be made. The request is not medically necessary.