

Case Number:	CM15-0027311		
Date Assigned:	02/19/2015	Date of Injury:	10/02/2003
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 54 year old female, who sustained an industrial injury on 10/2/03. On 02/12/15, the injured worker submitted an application for IMR for review of Keflex 500mg 1 tablet twice a day x 5 days. The treating provider has reported the injured worker complained of right shoulder pain. The diagnoses have included post lumbar laminectomy syndrome with bilateral lower extremity radiculopathy, cervical myoligaentous injury, bilateral carpal tunnel, reactionary depression and anxiety, probable cauda equine syndrome, medication induced gastritis. Treatment to date has included physical therapy, walker, injections; status post left L4-L5 microdiscectomy (12/21/11), lumbar spinal cord stimulator trial (11/19/12), right shoulder injection (7/15/14), cervical epidural steroid injection (10/13/14), trigger point injections, MRI lumbar spine (2/5/13), MRI right shoulder 94/2/14), EMG/NCS (12/30/14) and medications. On 1/16/15 Utilization Review non-certified Keflex 500mg 1 tablet twice a day x 5 days. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500mg 1 tablet twice a day x 5 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Infectious Diseases (updated 11/11/14) Cephalexin (Keflex)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation medscape: spinal cord stimulation technique <http://emedicine.medscape.com/article/1980819-technique>

Decision rationale: The administration of oral or parenteral prophylactic antibiotics 30-120 minutes before the procedure is advocated by some. A consensus of studies and experts suggest cefazolin 1-2 g or cefuroxime 1.5 g IV 30 minutes prior to incision or surgical implant is commenced. Antibiotic coverage beyond 24 hours after administration has not been shown to provide additional benefit. The request in this injured worker is for 5 days of keflex surrounding a spinal cord stimulator. The available records do not provide justification or rationale for 5 days of keflex which does not provide additional benefit.