

Case Number:	CM15-0027980		
Date Assigned:	02/20/2015	Date of Injury:	03/22/2013
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 54 year old male who sustained a work related injury March 22, 2013. After pulling a stuck wire it broke, causing him to fall on asphalt landing on his right shoulder, striking his head with a loss of consciousness for a short period of time. He was given topical cream, prescribed medications and underwent physical therapy and an MRI. Over the course of care, he has received additional physical therapy, three epidural injections to the lumbar spine and acupuncture treatment with temporary relief. According to a primary treating physician's report dated December 16, 2014, the injured worker presented for re-examination with continued complaints of constant pain in the neck, shoulder blades, upper and lower back. Diagnoses included musculoligamentous strain of the cervical spine; multilevel degenerative discs in the thoracic spine; lumbar radiculopathy; multilevel degenerative discs in the lumbar spine with disc bulges and extruded discs; impingement syndrome and torn rotator cuff of the right shoulder. Treatment included request for authorization for surgical intervention right shoulder with arthroscopic repair of torn rotator cuff, subacromial decompression, Mumford procedure, bursectomy, pre-op evaluation and clearance for surgery; post-operative physical therapy x 12; assistant surgeon and medications. According to utilization review dated January 28, 2015, the request for Keflex (Cephalexin) 500 mg (30) Capsules post-op is non-certified, citing Official Disability Guidelines Infectious Disease Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex (Cephalexin) 500mg Capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Infectious Disease Chapter/Cephalexin

Decision rationale: The Official Disability Guidelines (Infectious Disease Chapter/Cephalexin) comments on the use of the antibiotic cephalexin, also known as Keflex. These guidelines state the following indications for the use of Keflex: Recommended as first-line treatment for cellulitis and other conditions. 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. In this case there is insufficient documentation in support of the rationale for the use of Keflex. There is no documentation that indicates its use for cellulitis or any other infectious cause. Given the lack of justification for the use of an antibiotic, Keflex is not considered as a medically necessary treatment.