MAXIMUS Federal Services

Case Number:	CM15-0217545		
Date Assigned:	11/09/2015	Date of Injury:	05/17/2003
Decision Date:	12/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/04/2015

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: Texas, New York, 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 applicant is a represented 68-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 17, 2003. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve a separate request for "cephalexin" and "Keflex." Sulindac, conversely, was approved. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 26, 2015 office visit, the applicant reported ongoing issues with knee and shoulder pain. The applicant had been on Keflex for six weeks, the treating provider reported. The treating provider stated that he was intent on giving the applicant 90 tablets of Keflex with one refill of the same. The attending provider's documentation as to why Keflex was being employed was very difficult to follow. It was not clear whether the patient was using Keflex for dental prophylaxis or for prophylaxis following a total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cephalexin 250 MG Qty 90: 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).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 802.

Decision rationale: No, the request for cephalexin (Keflex), a cephalosporin antibiotic, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 notes that an attending provider shoulder incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure to proper usage and so as to manage expectations. Here, however, the attending provider's September 26, 2015 office visit was difficult to follow and did not make it readily apparent as to whether the applicant was using cephalexin (Keflex) for prophylactic purposes prior to a dental procedure or whether the applicant was using cephalexin (Keflex) for prophylactic purposes following an earlier total knee arthroplasty (TKA) procedure. While the Third Edition ACOEM Guidelines Knee Disorders Chapter does recommend that one-day use of systemic antibiotics for applicants undergoing surgical knee procedures, here, however, the 90-tablet supply of cephalexin (Keflex) represented treatment well beyond the one-day usage of systemic antibiotic suggested by ACOEM for prophylactic purposes following earlier total knee arthroplasty surgery, as transpired here. Therefore, the request was not medically necessary.

Keflex 250 MG Qty 90: 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).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Similarly, the request for Keflex, a cephalosporin antibiotic, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of the applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider's documentation and progress note of September 22, 2015 did not clearly outline why the applicant was being given two separate prescriptions, one for brand-name Keflex and the other for generic cephalexin. It was not clearly stated why the applicant was given two separate cephalosporin antibiotics on the same date of the service. Therefore, the request was not medically necessary.