

<b>Case Number:</b>	CM15-0044280		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	12/11/2001
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 46-year-old female, who sustained an industrial injury on 12/11/2001. The injured worker is currently diagnosed as having lumbar spine strain, lumbar facet syndrome, right shoulder impingement syndrome, bilateral carpal tunnel syndrome status post carpal tunnel release, status post right trigger thumb release, right Achilles tendinitis, left knee pain, and status post flexor tenosynovectomy. Treatment to date has included surgeries, injections, and medications. In a progress note dated 12/15/2014, the injured worker presented for a follow up of her work related injury to her bilateral wrists, neck, low back, and bilateral knees. The treating physician reported giving the injured worker a cortisone injection into both knees and also recommending right hand trigger release in the index, long, and ring fingers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Duracef 500mg/tab #14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), <http://www.guideline.gov/content.aspx?id=39533>, [http://www.wheelsonline.com/ortho/cefadroxil\\_duricef](http://www.wheelsonline.com/ortho/cefadroxil_duricef).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/duricef.html>.

**Decision rationale:** Pursuant to Drugs.com, Duracef 500mg #14 (a semisynthetic cephalosporin antibiotic) is not medically necessary. Duricef should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. In this case, the treating physician requested authorization for a right hand trigger release of the index, long and ring finger. The treating physician prescribed Duricef for postoperative use b.i.d for seven days. There is no clinical indication for postoperative use in the absence of infection. There is no clinical indication for the routine use of a cephalosporin in the absence of proven infection or contamination strongly suspected to be caused by bacteria. Consequently, absent compelling clinical documentation with evidence of infection, Duricef 500 mg #14 is not medically necessary.