

<b>Case Number:</b>	CM15-0051295		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: North Carolina  
 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 56 year old male sustained an industrial injury to the neck, back shoulder and bilateral knees on 10/2/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, massage, medications, transcutaneous electrical nerve stimulator unit, home exercise, lumbar orthotic, stretching and heat/ice application. In the most recent PR-2 submitted for review dated 2/2/15, the injured worker complained of right shoulder pain, cervical spine pain, thoracic spine pain, low back pain and bilateral knee pain rated 3-6/10 on the visual analog scale. The injured worker reported that activities were maintained with medications. Physical exam was remarkable for tenderness to palpation right shoulder with positive Jobe test and atrophy of the right deltoid musculature, tenderness to palpation cervical spine, lumbar spine and thoracic spine with limited range of motion, tenderness to palpation of bilateral knees with restricted range of motion and spasm of lumbar paraspinal musculature and right cervical trapezius. Current diagnoses included rule out shoulder rotator cuff tear/impingement, right shoulder impending adhesive capsulitis, cervical, thoracic and lumbar spine sprain/strain and bilateral knee contusions. The treatment plan included continuing lumbar orthotic, continuing transcutaneous electrical nerve stimulator unit, magnetic resonance imaging right shoulder and medications (Tramadol, Naproxen, Protonix and Cyclobenzaprine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex Cap 500mg:** 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), Treatment Guidelines Infectious Diseases updated Cephalexin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

**Decision rationale:** The California MTUS does not specifically address the requested medication. Per the physician desk reference, the requested medication is an antibiotic. The request is for use post-surgical to prevent infection. However, since the surgery has not been approved, this medication is not medically necessary.