

<b>Case Number:</b>	CM14-0126111		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/30/1995
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Dermatology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 49 year old male who was injured on 01/30/1995. The mechanism of injury is unknown. The patient underwent biopsy of skin nevus on 05/23/2014 revealed squamous cell carcinoma in situ; compound melanocytic nevus with architectural disorder and moderate cytological atypia; and seborrheic keratosis. He has received liquid nitrogen treatments to his facial actinic keratosis. Permanent and Stationary status report dated 08/01/2011 documented the patient to have a diagnosis of multiple basal cell carcinomas; actinic keratosis and actinic colitis. On exam, the patient has surgical scars on the face, left ear, neck and upper extremities. He has actinic keratoses on the face and actinic cheilitis on the lower lip. Common treatments for these diagnoses include surgical removal, cryosurgery, electrodesiccation, topical medications, photodynamic therapy, and chemical peels. He has been recommended periodic dermatologic re-evaluation two to three times per year. The patient was given Cephalexin. Prior utilization review dated 07/22/2014 states the request for Twenty eight (28) cephalexin 500mg between 6/17/2014 and 6/17/2014 is not certified as it is not medically indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twenty eight (28) cephalexin 500mg between 6/17/2014 and 6/17/2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

**Decision rationale:** As long as the patient is not allergic to Cephalexin and/or Penicillin, the patient should be approved for this medication since he underwent cryosurgery. This could potentially help prevent infection and may speed up healing time.