

Case Number:	CM14-0150818		
Date Assigned:	09/19/2014	Date of Injury:	01/14/2004
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/15/2014

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 Emergency Medicine and is licensed to practice in California. 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 injured worker is a 56 year-old male, who sustained an injury on January 14, 2004. The mechanism of injury is not noted. Diagnostics have included: January 11, 2007 electromyography/nerve conduction velocity (EMG/NCV) reported as showing right L5 and S1 radiculopathy; February 7, 2005 lumbar spine MRI reported as showing mild multi-level degenerative disc disease. Treatments have included: medications, intrathecal pump. The current diagnoses are: lumbosacral neuritis, depression, dyspepsia. The stated purpose of the request for Keflex (Cephalexin) 500mg capsules was not noted. The request for Keflex (Cephalexin) 500mg capsules was denied on August 28, 2014, citing a lack of documentation of a bacterial infection. Per the report dated July 21, 2014, the treating physician noted pain to the low back with which radiated to the lower extremities. Exam findings included lumbar tenderness with restricted lumbar range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kerflex (Cephalexin) 500mg capsules: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Internet search for Keflex antibiotics

Decision rationale: The requested Keflex (Cephalexin) 500mg capsules, is not medically necessary. CA MTUS and ODG are silent on this antibiotic. The injured worker has low back with which radiated to the lower extremities. The treating physician has documented lumbar tenderness with restricted lumbar range of motion. The treating physician has not documented any current bacterial infection or medical necessity for this antibiotic. The criteria noted above not having been met, Keflex (Cephalexin) 500mg capsules is not medically necessary.