

Case Number:	CM14-0160381		
Date Assigned:	10/06/2014	Date of Injury:	04/21/1997
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopedic Surgery 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:

This 61-year-old female hospital admitting clerk sustained an industrial injury on 4/21/97. Injury occurred relative to a trip and fall. Past medical history was positive for hypothyroidism, hypertension, anemia and obesity. She underwent a right total knee replacement on 2/24/11. Records documented a history of severe right knee chronic periprosthetic infection with severe soft tissue loss, status post previous implant removal, serial incision and drainage (I&D), and antibiotic spacer placements. Infectious disease reports indicated that the patient had a history of right knee septic fungal arthritis treated with indefinite Fluconazole (Diflucan) use, right lower extremity cellulitis, anemia, and acute renal failure. Records indicated that the patient had positive cultures for coagulase-negative staphylococci and *Candida albicans*. Definitive reimplantation was undertaken on 8/8/14 with right knee kinematic rotating hinge endoprosthetic reconstruction. The 8/25/14 orthopedic report documented no symptoms of infection with drain output less than 30 cc per day. Right knee exam indicated the incision was healing well, with no erythema, edema, or discharge. There was ulceration around the incision. Range of motion was not tested. Neurovascular was intact. Right knee x-rays documented well-placed and fixed distal femoral endoprosthesis. Sedimentation rate was elevated to 73 and C-reactive protein to 11.05. The drain was removed, sutures were removed, and staples were continued. The treatment plan recommended discontinuation of the knee immobilizer, right knee and ankle range of motion exercises, weight bearing to tolerance on the right lower extremity without restriction, and topical clotrimazole cream for peri-incisional fungal ulcerations. The patient was to continue IV Vancomycin and oral Fluconazole as directed by infectious disease service. The 9/22/14 utilization review partially certified a request for Vancomycin 1 gm IV every 12 hours for 6 weeks to a duration of 2 weeks as additional certification would require re-evaluation of the patient's wound site and Vancomycin levels to establish the medical necessity of continued IV

Vancomycin. The request for Diflucan was denied as there was no clear medical rationale for the prescription of an antifungal medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vancomycin 1gm IV every 12 hours x 6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Mosby Inc. Indications and Usage of Vancomycin Hydrochloride (IV)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious disease, Vancomycin

Decision rationale: The California MTUS guidelines do not provide recommendations for the use of Vancomycin. The Official Disability Guidelines recommended the use of Vancomycin as an option for severe cases of bone and joint infections and cellulitis. It is suggested that C-reactive protein and erythrocyte sedimentation rate should be normal before discontinuing therapy. Guideline criteria have been met. This patient presents with a complicated infectious disease course and a history of right knee chronic periprosthetic infection with severe soft tissue loss and cellulitis. The patient underwent definitive re-implantation of the right knee endoprosthesis on 8/8/14. The infectious disease consultant has recommended Vancomycin 1gm IV every 12 hours for 6 weeks. Sedimentation rate and C-reactive protein levels remain elevated. Therefore, this request is medically necessary.

Diflucan 200mg x 6 Weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult Fluconazole

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: Yang SH, Pao JL, Hang YS, Staged reimplantation of total knee arthroplasty after Candida infection. J Arthroplasty. 2001 Jun;16(4):529-32; Esposito S, Leone S, Prosthetic joint infections: microbiology, diagnosis, management and prevention. Int J Antimicrob Agents. 2008 Oct;32(4):287-93

Decision rationale: The California MTUS, Official Disability Guidelines, and National Guideline Clearinghouse do not provide recommendations for the use of Diflucan. Peer-reviewed literature indicate that prosthetic joint infection with Candida is uncommon. Removal of the implant and antifungal therapy with oral Fluconazole (Diflucan) was recommended as mandatory for the eradication of infection. Duration of antifungal use is based on the duration of the infection and comorbidities of the patient. Guideline criteria have been met. The use of Diflucan is consistent with the diagnosis of septic fungal arthritis with positive cultures for

Candida. The medical necessity of long term indefinite use of this anti-fungal medication has been opined by the infectious disease consultants. Therefore, this request is medically necessary.