

<b>Case Number:</b>	CM14-0181862		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Pennsylvania. 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 54-year-old female who reported an injury on 02/09/2011 due to an unknown mechanism. Diagnoses were cervicothoracic/lumbar myofascial pain, intervertebral disc disease, lumbar radiculitis, status post right cubital tunnel release and bilateral trigger thumb. Physical examination dated 08/22/2014 revealed the injured worker was having problems with the left thumb and continued to have trigger issues which needed to be addressed surgically. The injured worker was referred. Physical examination on 09/19/2014 revealed the injured worker complained of ongoing pain in the neck, mid back, left and right thumbs, and low back, which radiated into both legs, right being greater than the left. Examination revealed tenderness in the cervical spine, and upper thoracic spine. There was tenderness in the lumbosacral musculature without myospasms. There was some right elbow tenderness over the surgical scar but healing well. There was tenderness in both thumbs with the right being greater than the left. Grip strength was less in the right than in the left. Medications were tramadol, naproxen, and Orphenadrine. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Keflex 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, Infectious Diseases Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cephalexin (Keflex)

**Decision rationale:** The decision for associated surgical service: Keflex 500mg is not medically necessary. The Official Disability Guidelines state that cephalexin (Keflex) is recommended as first line treatment for cellulitis and other conditions. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta hemolytic streptococci and methicillin sensitive *S. aureus*, cephalexin 500 mg 4 times a day is recommended, as well for penicillin allergic that can tolerate cephalosporin's. There is a lack of documentation detailing a clear indication for the reason why the injured worker needed a prescription for Keflex. The clinical records submitted for review did not indicate any significant factors to justify the use of Keflex. The last clinical note dated 09/19/2014 reported no indication of infection for the injured worker on examination. There was no Request for Authorization submitted for Keflex. It was not reported that the injured worker had had cellulitis or any other infectious condition. There were no other significant factors provided to justify the use of Keflex 500. Furthermore, the request does not indicate a frequency or quantity for the medication. Therefore, this request is not medically necessary.