

Case Number:	CM15-0016623		
Date Assigned:	02/04/2015	Date of Injury:	02/02/2006
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old female, with a reported date of injury of 02/02/2008. The diagnoses include post-operative cellulitis. Treatments have included right total knee arthroplasty on 09/08/2014. The progress report dated 12/23/2014 indicates that the injured worker had post-operative cellulitis and had finished oral antibiotics. The treating physician requested Amoxicillin 500mg to be taken before dental work. The reason for the request was not indicated. On 01/26/2015, Utilization Review (UR) denied the request for Amoxicillin 500mg #4, four capsules one hour before dental work, noting that there was no documentation supporting the request. No evidence-based guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amoxicillin 500 mg 4 capsules one hour before dental work (Rx 12/23/14) QTY: 4.00:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 01/19/15) Opioid-induced constipation treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Amoxicillin

Decision rationale: The patient presents with pain and weakness in his right knee. The patient is s/p a right total knee arthroplasty on 09/08/14. The request is for Amoxicillin 500 Mg 4 CAPSULES ONE HOUR BEFORE DENTAL WORK. Regarding Amoxicillin, ODG guidelines "Recommended as first-line treatment for bite wounds and other conditions. See Skin & soft tissue infections: bite wound." It is not known when Amoxicillin was first prescribed, nor whether this medication is being initiated. None of the reports discuss regarding the patient's dental condition or dental work except "the patient had finished oral antibiotics." However, the patient presents with a diagnosis of cellulitis for which Amoxicillin would be indicated. ODG support the use of Amoxicillin as first-line treatment to soft tissue infections, which is present in this patient. The request IS medically necessary.