

<b>Case Number:</b>	CM15-0172677		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/17/2003
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Hawaii  
 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 68 year old female, who sustained an industrial injury on 5-17-2003. Diagnoses include right and left knee sprain with post traumatic arthritis status post total knee replacement and right shoulder sprain. Treatment to date has included surgical intervention and medications. Per the Primary Treating Physician's Progress Report dated 7-29-2015, the injured worker presented for follow-up with right knee increasing pain and swelling for three weeks. Per the documentation "She had some dental work done a week or so before this and, it was anticipated that, given the number of years post replacement, that antibiotic prophylaxis would not be needed." She does not implicitly have fevers, chills, fatigues, unusual bruises, rashes, vomiting or diarrhea. The knee is painful going down stairs, which is similar to the way it was prior to the knee replacement. She uses Sulindac and Voltaren, rates her pain as 2-9 out of 10, and feels this is getting better. Objective findings include 2+ swelling in the right knee especially some lateral tenderness but it is not red or grossly fluctuant. There was somewhat discomfort with extending 0 degrees and flexing 90 degrees and no gross laxity. The plan of care included rule out infection due to increasing pain after dental work. X-rays and empiric antibiotics were ordered. Authorization was requested on 7-29-2015 for Cephalexin 250mg #20 with one refill, and retrospective authorization for right knee x-ray series and lab work to include CBC, CMP, CHEM CRP and sed rate. On 8-06-2015, Utilization Review modified the request for Cephalexin 250mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cephalexin 250mg QTY: 20 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Disease Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Infectious Diseases Chapter, Cephalexin (Keflex).

**Decision rationale:** The patient presents with right knee pain and swelling. The current request is for Cephalexin 250mg quantity 20 with 1 refill. The treating physician's report dated 07/29/2015 (18B) states, "REQUEST Cephalexin 250mg Oral Capsule: KEFLEX-CEPHALEXIN ANTIBIOTIC: 2 capsule 4 times daily for infection as directed. Stop if causes rash or shortness of breath; Qty 20: R1." The ODG Guidelines under the Infectious Diseases Chapter on Cephalexin (Keflex) states, "Recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins." The examination from 07/29/2015 showed right knee 2+ swelling, especially some lateral tenderness. The physician is concerned about a serious risk of infection given the possible relationship to some dental work and a chance that she has seeded an infection in the knee. In this case, the ODG Guidelines support the use of Cephalexin as first-line treatment for skin and soft tissue infections. Given the physician's concern regarding a possible serious infection the current request is medically necessary.