

Case Number:	CM15-0063011		
Date Assigned:	04/08/2015	Date of Injury:	05/24/2007
Decision Date:	05/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 45 year old male who sustained an industrial injury on 04/24/2007. Diagnoses include infection of the lower left quadrant of the mouth, right knee arthroscopy, history of ORIF procedure in the right tibia, degenerative joint disease in the right knee, history of right ankle arthroscopy, persistent rib contusion/intercostal sprain/strain, and complaints of depression and anxiety. Treatment to date has included diagnostic studies, right ankle and knee brace, Orthovisc injections, and medications. The physician progress note dated 03/04/2015 documents the injured worker has ongoing right knee discomfort. Pain is rated 3 out of 10 at rest and 6-7 out of 10 with activity. He also has numbness and tingling in the right ankle and weakness in the right leg. He has trace effusion of the right knee, and crepitus with range of motion. He received his third and final Orthovisc injection to the right knee on this date. He tolerated the procedure well. Treatment requested is for Penicillin VK Tab, 500mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Penicillin VK Tab, 500mg, #30: Overturned

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 <https://online.epocrates.com/>; Penicillin <http://www.uptodate.com>; Penicillin and Gingivitis and periodontitis in adults: Classification and dental treatment.

Decision rationale: Uptodate Summary, Penicillin listed below: Penicillin G is highly active against most Gram-positive cocci, Gram-positive rods, Gram-negative cocci, and anaerobes. Exceptions are bacteria from these classes that have acquired resistance to penicillin as well as certain anaerobes that produce a beta-lactamase such as Bacteroides. Penicillin is only bacteriostatic against enterococci. (See 'Penicillin G' above.); For strains of S. aureus sensitive to oxacillin, antistaphylococcal penicillins are preferable to vancomycin because they are more active in vitro and in clinical studies. (See 'Antistaphylococcal penicillins' above.); Broad spectrum penicillins have increased activity over penicillin G against Gram-negative bacilli but are variably inactivated by beta-lactamases. (See 'Broad spectrum penicillins' above.) All penicillins have relatively short half-lives and require frequent administration when given parenterally. CSF penetration is poor except in the presence of inflammation. The anti-staphylococcal penicillins need no dose modification when used in the setting of renal failure. (See 'Pharmacology' above.) Uptodate defines gingivitis as "Clinical findings include increased probing depth, bleeding on probing, and tooth mobility. Bone loss is seen on radiographs (picture 8). Progression of the disease will cause increased mobility and eventual tooth loss. Additionally, systemic disease may result from pathogenic bacterial strains included among the >500 bacterial species harbored in periodontal pockets." Uptodate additionally states "Periodontitis is characterized by gingival inflammation accompanied by loss of supportive connective tissues, including alveolar bone. This results in loss of attachment of the periodontal ligament to the cementum." In addition prophylaxis with penicillin prior to extensive oral surgery is appropriate. According to the medical documentation provided the patient appears to have a history of malnutrition, periodontal disease, tooth decay and crowns. The patient was authorized for extensive oral surgery to include extraction of teeth, placement of implants, abutments, crowns, and root canals. Based on the extensive nature of the surgery and the patient's history of periodontal disease, prophylaxis and treatment with Penicillin would be appropriate. As such, the request for Penicillin VK Tab, 500mg, #30 is medically necessary.