

<b>Case Number:</b>	CM15-0069900		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial injury on 7/16/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having posterior cervical fusion, cervical myoligamentous injury with bilateral upper extremities radicular symptoms, cervical cord myelopathy, anterior cervical discectomy and fusion, bilateral knee derangement, post bilateral knee arthroscopy, lumbosacral fusion and post laminectomy syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, epidural steroid injection and medication management. In progress notes dated 3/18/2015 and 3/19/2015, the injured worker complains of ongoing neck pain radiating to the bilateral upper extremities and low back pain. The treating physician is requesting Keflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Keflex 500mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- infectious chapter and pg 14.

**Decision rationale:** According to the guidelines, Keflex is indicated for skin and soft tissue infections. In this case, the claimant did not have signs of skin infection. There is no indication of recent surgery requiring prophylaxis or post-op infection management. The request for Keflex is not justified and not medically necessary.