

<b>Case Number:</b>	CM15-0069974		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	05/17/2007
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial/work injury on 5/17/07. He reported initial complaints of left knee and low back pain. The injured worker was diagnosed as having degenerative tear of the menisci and knee joint and lumbosacral spine herniated disc and radiculitis. Treatment to date has included medication, diagnostics, surgery (left knee arthroscopic surgery on 3/17/15). Currently, the injured worker complains of left knee pain and lumbar spine pain. Per the orthopedic re-evaluation report on 3/12/15, the left knee had 1+ effusion and tenderness to palpation over the medial joint line with limited range of motion. Keflex was ordered for post- operative prophylaxis. The orthopedics post- operative evaluation on 3/19/15, there was an incision to the left knee that healed well, no signs of infection, steri-strips were applied after removing the sutures and a new dressing was applied. Calves were soft on palpation with negative Homan's. Current plan of care included home exercise program and to finish the antibiotic. The requested treatments include Keflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keflex 500mg #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Cephalexin (Keflex).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.drugs.com/pro/cephalexin.html#ID\\_35ff8771-4d28-fe40-ab4e-720203c9468f](http://www.drugs.com/pro/cephalexin.html#ID_35ff8771-4d28-fe40-ab4e-720203c9468f).

**Decision rationale:** Pursuant to drugs.com, Keflex 500 mg #20 is not medically necessary. Keflex is a semisynthetic cephalosporin antibiotic. Keflex should be used to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. Indications include respiratory tract infections, otitis media, skin and skin structure infections, bone infections, etc. See the attached link for details. In this case, the injured worker's relevant working diagnoses are traumatic internal derangement left knee; toward medial/lateral meniscus; chondromalacia patella left; morbid obesity; and insomnia. Documentation, according to a March 12, 2015 progress note, shows the injured worker is authorized for left knee surgery scheduled on March 17, 2015. The treating provider prescribed Keflex 500 mg for postoperative prophylaxis. There is no clinical indication or rationale for postoperative Keflex 500 mg based on the documentation in the medical record. There is no evident infection or anticipated infection (based on the nature of the procedure). Consequently, absent clinical documentation evidencing strongly suspected or proven bacterial infection, Keflex 500 mg #20 is not medically necessary.