

Case Number:	CM15-0075882		
Date Assigned:	05/29/2015	Date of Injury:	04/01/1989
Decision Date:	07/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 (IW) is a 57-year-old male who sustained an industrial injury on 04/01/1989. Revision of a left total joint replacement was performed, which resulted in a staph infection. Diagnoses include infection and inflammatory reaction due to internal joint prosthesis, other postoperative infection and staphylococcus infection in conditions classified elsewhere and of unspecified site-other staphylococcus. Treatment to date has included IV Vancomycin for six weeks, ending 9/22/14, and Doxycycline orally since then. According to the SOAP notes dated 3/19/15, the IW reported no problems tolerating the antibiotics. On examination, the left hip wound was free of signs of inflammation and lab work was within normal limits. A request was made for Doxycycline bid x 6 months, then daily x 1.5 years, then stop; this regimen was put into place to reduce the need for a two-stage revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doxycycline bid times 6 months, then daily times 1.5 years then stop: Upheld

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 FDA Doxycycline http://www.accessdata.fda.gov/drugsatfda_docs/label/2015/050007s0291bl.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not address antibiotic therapy prosthetic joint infection. FDA Prescribing Information documents that Doxycycline is indicated for the treatment of susceptible infections. In long-term therapy, periodic laboratory evaluation of organ systems, including hematopoietic, renal, and hepatic studies, should be performed. The infectious diseases treating physician's letter dated April 2, 2015 documented the treatment recommendation for oral suppressive therapy in the patient with retained hardware after IV antibiotics for a prosthetic joint infection. The infectious diseases treating physician's progress report dated 3/19/15 documented a history of chronic left total hip arthroplasty with infection from Staphylococcus. The patient is status post hip surgery 8/8/14 and has been treated with Vancomycin by PICC peripherally inserted central catheter for six weeks through 9/22/14. The purpose of the 3/19/15 visit was for monitoring the effect and toxicity of antibiotic therapy. Physical Examination demonstrated left hip wound with no erythema, swelling, warmth or tenderness. Normal lab results were noted. The diagnoses were infection and inflammatory reaction due to internal joint prosthesis, postoperative infection, staphylococcus infection. Return visit was recommended in four to six months with labs. The treatment plan was Doxycycline twice a day for six months, then daily for 1.5 years, then stop. The strength of Doxycycline was not specified. FDA guidelines recommend periodic clinical monitoring and laboratory tests with long-term therapy. Therefore, the request for certification of a two year course of the antibiotic Doxycycline is not supported by FDA guidelines. Therefore, the request for Doxycycline is not medically necessary.