

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: **12/2/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/10/2013
Date of Injury:	4/19/2013
IMR Application Received:	5/21/2013
MAXIMUS Case Number:	CM13-0000437

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Keflex is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/21/2013 disputing the Utilization Review Denial dated 5/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Keflex** is **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventive Medicine and Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The employee is a 39 year old [REDACTED] who sustained contusion and abrasions of the knee and shoulder in an industrial injury of April 19, 2013. The employee was reportedly chasing a suspect and fell to the ground. Thus far, he has been treated with analgesic medications, x-rays of the injured shoulder and knee reportedly negative for fracture, initial visit to the emergency department, a follow up with a wound care physician to address issues with wound dehiscence, and initial suturing of the knee laceration in the emergency department. Specifically reviewed is a conditional denial from a prior utilization reviewer dated May 10, 2013 denying prescriptions for Keflex on the grounds that the prescription strength and quantity were not provided. An emergency department note of April 20, 2013 is noted and suggests that the employee sustained abrasions to both palms and contusion and laceration of the right knee. The wound was clean. He was given prescriptions for Vicodin and Motrin. X-rays of injured body parts were taken and were negative. The employee was reportedly discharged on Keflex 500 mg #30, to be used thrice daily for ten days. Subsequent notes including notes of May 8, 2013, May 2, 2013, and May 22, 2013 suggest that the wound dehisced and that the employee needed to have the wound debrided.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Keflex:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the lack of medical records received.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on an article published in the American Family Physician Journal, 2002 Jul 1;66(1):119-125, titled "Common Bacterial Skin Infections", found at www.aafp.org.

Rationale for the Decision:

According to the review article in the American Family Physician Journal, Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical records submitted, that the employee did seemingly have a large wound (which subsequently dehisced) that did warrant antibiotic prophylaxis. **The request for Keflex is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/DSO

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.