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| Case Number: | CM14-0156898 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 06/10/2009 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old female with a 6/10/09 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/10/14, the patient reported that her pain has increased and is making it hard to function. She no longer feels relief from her spinal cord stimulator. She reported that she went to the ER 2 days ago for shortness of breath and numbness in her left arm. Objective findings: pain with lumbar spine extension, decreased sensation in the right lower extremity in the L3 through S1 nerve roots, 3+/5 strength throughout the right lower extremity, no sign of infection noted. Diagnostic impression: status post spinal cord stimulator placement in 2010, lumbar radiculopathy. Treatment to date: medication management, activity modification, physical therapy, epidural steroid injections, spinal cord stimulator. A UR decision dated 9/10/14 denied the request for Cephalexin. Given that 40 tablets are being requested, treatment of infection is the only indication of why this would have been prescribed. The requesting physician submitted no medical records and his given phone number is disconnected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cephalexin 500mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65. Decision based on Non-MTUS Citation Physician's Desk Reference and Agency for Healthcare and Quality

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Cephalexin)

Decision rationale: CA MTUS and ODG do not address this issue. According to the FDA, Cephalexin is an antibiotic used for the treatment of otitis media, skin and skin structure infection (SSSD), and bone, genitourinary tract, and respiratory tract infections caused by susceptible strains of microorganisms. However, in this case, there is no documentation in the reports reviewed that the patient has an infection. In fact, the most recent report reviewed, dated 9/10/14 documented that there were no signs of infection. It is unclear why this antibiotic has been prescribed for this patient. Therefore, the request for Cephalexin 500mg #40 is not medically necessary.