

Case Number:	CM14-0188308		
Date Assigned:	11/19/2014	Date of Injury:	06/30/2010
Decision Date:	11/03/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 59 year old female who reported an industrial injury on 6-30-2010. Her diagnoses, and or impressions, were noted to include lateral epicondylitis of the right elbow, refractory to different modalities of conservative treatment. No imaging studies were noted. Her treatments were noted to include ice therapy; splinting and tennis elbow band; multiple Cortisone injections; medication management; and modified work duties. The orthopedic progress notes of 10-17-2014 reported a re-examination noting significant improvement in regards to her right shoulder symptoms following arthroscopic surgery on 4-11-2014; non-improving right elbow condition with all different modalities of conservative treatment, including 2 Cortisone injections, and that her pain persists and is increased with attempts to lift and torque. The objective findings were noted to include 2+ swelling in the right elbow laterally, tenderness of the lateral joint with lateral epicondyle and proximal radius, and range-of-motion of 5-120 degrees. The physician's requests for treatment was noted to include surgical intervention due to a lack of improvement with conservative treatments, with repair of the lateral epicondylitis of the right elbow, and for post-operative courses of physical therapy; no post-operative medications were noted included. The Request for Authorization, dated 10-21-2014, was noted to include Keflex and Norco, post-operative medications. The Utilization Review of 11-3-2014 non-certified the requests for Keflex (Cephalexin) 500 mg tablet, #30, 1 tab 4 x a day with 0 refills; and Norco 10-325 mg, #60, 1 tab every 8 hours, 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex (Cephalexin) 500mg tablet #30, 1 tab QID: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stulberg DL, Penrod MA, Blatny RA. Common bacterial skin infections. Am FamPhysician. 2002 Jul 1; 66 (1): 119-24.

Decision rationale: CA MTUS/ACOEM and ODG are silent on the issue of Keflex. An alternative guideline was utilized. According to the American Family Physician Journal, 2002 July 1; 66 (1): 119-125, titled "Common Bacterial Skin Infections", Keflex is often the drug of choice for skin wounds and skin infections. It was found from a review of the medical record submitted of no evidence of a wound infection to warrant antibiotic prophylaxis. The request for Keflex is not medically necessary and appropriate.