

<b>Case Number:</b>	CM14-0023101		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/16/1975
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was February 16, 1975. On January 21, 2014 this patient was evaluated by their podiatrist for complaints of left midfoot pain and numbness x 13 years. Apparently wearing orthotics from five years ago. The chief complaint during that visit includes painful toenails - thick fungus causing ingrown toenails - has tried every OTC product. Physical exam reveals decreased muscle strength to the left PT and peroneal longus tendons, Collapse of left arch, thick discolored toenails x 10, incurvated. Diagnoses include acquired flatfoot left side. A discussion on orthotic therapy versus flatfoot reconstruction was noted. A diagnosis of onychomycosis was also made, and discussion on oral treatment was noted. It is also noted to check LFTs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terbinafine HCL 250mg, thirty count:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: Current concepts in systemic and topical therapy for superficial mycoses Larry E. Millikan Clinics in Dermatology, Vol. 28, Issue 2, p212-216 Published in issue: March, 2010 The

oral antifungal patient Warren S. Joseph Clinics in Podiatric Medicine and Surgery, Vol. 21, Issue 4, p591-604 Published in issue: October, 2004.

**Decision rationale:** After careful review of the enclosed progress note and a literature search on oral antifungal treatment for onychomycosis, it is my feeling that the decision for terbinafine hcl 250 mg, thirty count is medically reasonable and necessary. ACOEM, MTUS, and ODG guidelines are quiet on the use of terbinafine oral antifungal for the treatment of onychomycosis. There is, however, a significant amount of medical research on the use of oral antifungal medication (terbinafine hcl 250mg) for the treatment of onychomycosis. The research demonstrates a high effective rate for terbinafine oral medication in the treatment of onychomycosis. While the single progress note in this file is not expansive, it does state that the patient has painful thick ingrowing toenails, the physical exam relates thick discolored toenails with incurvation, and there is a diagnosis of onychomycosis. Therefore, the request for Terbinafine HCL 250mg, thirty count, is medically necessary and appropriate.