

Case Number:	CM14-0043825		
Date Assigned:	07/02/2014	Date of Injury:	02/10/2002
Decision Date:	08/20/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 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:

The applicant is a represented [REDACTED] employee who has alleged development of coccidial meningitis reportedly associated with an industrial injury of February 10, 2002. In a Utilization Review Report dated March 27, 2014, the claims administrator denied an otolaryngology consultation, citing non-MTUS Chapter 7 ACOEM Guidelines, which the claims administrator mislabeled as originating from the MTUS. The claims administrator also apparently denied a request for voriconazole, citing non-MTUS Chapter 6 ACOEM Guidelines, which the claims administrator, once again, mislabeled as originating from the MTUS. Finally, lab studies for coccidioidomycosis were also denied. The applicant's attorney subsequently appealed. In a September 20, 2013 progress note, the applicant did present with a reported diagnosis of central system coccidioidomycosis, chronic, stable, and managed with voriconazole. The applicant was asked to continue voriconazole. Laboratory studies for coccidioidomycosis and a lumbar puncture were apparently endorsed. Laboratory testing of October 1, 2013 was notable for a normal white count of 9700, normal hemoglobin and hematocrit of 14.7 and 42.3, and a normal platelet count of 313,000. Coccidioidomycosis IgG serology was detected while IgM serology was not detectable. Serum voriconazole level was apparently therapeutic at 3.2. On December 11, 2013, the applicant was given a diagnosis of central nervous system coccidioidomycosis, chronic, stable, and managed with suppressive voriconazole. Laboratory studies, voriconazole, and a dermatology follow-up visit were sought. On March 12, 2014, the applicant was described as having a suspicious midline lower lip lesion, slightly ulcerated. The attending provider stated that he believed this was a result of voriconazole-induced photodermatitis. The applicant was asked to consult dermatology and/or ENT to enquire about the lower lip lesion. Voriconazole and laboratory studies were endorsed. On this occasion, it

was stated that the applicant denied any symptoms of headache, nausea, vomiting, visual, vestibular, auditory, and/or locomotor symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENT consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 pg 503.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 5, page 92, referrals may be appropriate if practitioner is uncomfortable with a line of inquiry and/or with treating a particular caused of delayed recovery. In this case, the applicant's primary treating provider is an infectious disease physician. The applicant has a suspicious lesion about the lip, which the attending provider believes needs to be further evaluated by an otolaryngologist and/or a dermatologist. This is indicated. Therefore, the request is medically necessary.

Vericonazole 200mg 1.5 every 12hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 6 pg 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Coccidioidomycosis Management and Treatment.2. UpToDate.com, Manifestations and Treatment of Extrapulmonary Coccidioidomycosis.

Decision rationale: The MTUS does not address the topic. As noted by [REDACTED], most applicants infected with coccidioidomycosis are asymptomatic or have self-limited symptoms and require only symptomatic care. Symptomatic patient who require medical attending attention and/or treatment have systemic symptoms or systemic manifestations. In this case, the applicant was described on March 12, 2014 as having no manifestations of coccidioidomycosis, either pulmonary or extrapulmonary. The applicant specifically denied symptoms of headache, nausea, vomiting, visual changes, etc. There was no mention made of any active pulmonary symptoms such as cough, fever, chills, etc. It is further noted that the comprehensive literature review conducted by UpToDate.com states that voriconazole has limited use in applicants with coccidioidomycosis, especially those with refractory infections. In this case, it does not appear that the applicant has refractory infection or disseminated coccidial infection which would require ongoing voriconazole treatment. The attending provider has not clearly stated how he established the diagnosis of coccidioidomycosis. The attending provider has not established the presence of disseminated coccidioidomycosis. There is no evidence of any imaging studies or

laboratory studies which definitively establishes the alleged diagnosis. Therefore, the request is not medically necessary.

lab studies for coriconazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 12th edition (web) 2014 head chapter Lumbar puncture.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Coccidioidomycosis Workup.

Decision rationale: Again, the MTUS does not address the topic. As noted by [REDACTED] most applicants with coccidioidomycosis recover spontaneously. Pursuing documentation of coccidial infection, thus, is not imperative unless the applicant is immunocompromised or has signs of progressive disease or dissemination. In this case, the applicant has no evidence of any active coccidiomycosal disease, either localized or disseminated. The applicant is seemingly asymptomatic. An earlier complete blood count was negative. There is, thus, no evidence of an active or disseminated coccidiomycosal infection for which laboratory testing would be indicated. Therefore, the requested laboratory studies are not medically necessary.