

Case Number:	CM14-0096627		
Date Assigned:	07/28/2014	Date of Injury:	04/19/2002
Decision Date:	09/30/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 52 year old female injured on 04/19/02 due to undisclosed mechanism of injury. Diagnosis included closed comminuted fracture right proximal fibula as a result of fall secondary to right knee giving way, bilateral knee internal derangement, lumbar discopathy, ulcer of lower limbs, ulcer of calf, morbid obesity, and chronic venous hypertension with ulcer. Clinical note dated 05/06/14 indicated the injured worker presented complaining of low back pain radiating to bilateral lower extremities with associated numbness, paresthesia, and weakness. Treatment plan included Percocet and Norco. Clinical note dated 06/04/14 indicated the injured worker presented for evaluation of prior left leg venous stasis ulcer and recurrent right leg venous stasis ulcer. The injured worker reported experiencing worsening venous stasis wounds on the left leg and significant pain and swelling. The injured worker was referred for hyperbaric wound treatment; however, due to obesity the injured worker was not a candidate. Without compression the injured worker had return of wound and pain in the area. Physical examination revealed massively obese limb, hyperpigmentation, tenderness, small amount of surrounding redness, wound to the lateral lower leg with determination to be chronic partial thickness venous ulcer with status of not healed with moderate amount of yellow drainage. The injured worker rated pain 7/10. The initial request for Terocin patches quantity thirty was noncertified on 05/21/14. The initial request for Gencin 500 milligrams capsule quantity ninety was noncertified on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gencin 500 mg casule #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=9b585ad5-ae86-4403-b83f-8d8363d43da5>.

Decision rationale: Genocin (Chloroquine phosphate) tablets are indicated for suppressive treatment and for acute attacks of malaria due to *P. vivax*, *P. malariae*, *P. ovale*, and susceptible strains of *P. falciparum*. The drug is also indicated for the treatment of extraintestinal amebiasis. There is no indication in the documentation the injured worker has been diagnosed with malaria. Gencin (gentamicin) utilized in Taiwan. There is no indication in the documentation the injured worker was treated for infection; however it would be indicated for advancement of stasis ulcers. Without clarification of the medication type and name requested, the request for Gencin 500 milligrams capsule quantity milligrams cannot be recommended as medically necessary.