

<b>Case Number:</b>	CM15-0100361		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 46-year-old female who sustained an industrial injury on 5/13/11. The mechanism of injury was a slip and fall. A physician report dated 12/28/14 notes the injured worker complains of a constant headache and that medications bring the pain down to 7 or 8 out of 10. Diagnoses include cervical and lumbar strain, disc disease, history of multiple falls, status post right shoulder surgery, vision problems, sleeping difficulty, headaches, depression, and internal temporomandibular joint disorder. In a progress note dated 4/14/15, the treating provider reports multiple complaints, especially regarding the temporomandibular joint disorder. The objective exam notes that she ambulates slowly, relies on a cane because of the lack of balance and problems with raising the arm, which is restricted on the right, and there is limited cervical and lumbar motion noted with complaints of tingling of the right lower extremity. A treating pain management physician progress report dated 2/19/15 and 4/16/15 notes oral mucocutaneous candidiasis related to the use of analgesic medications. Recommendations documented that same date are repeat the cervical epidural steroid injection, Hydrocodone and Acetaminophen 3 to 4 tablets a day, Cyclobenzaprine, Acetadryl, Dendracin, Zantac, probiotic therapy through home dietary programs, continue lumbosacral stretching, core strengthening, walking, Promolaxin, Valium 10mg three times a day, Amitriptyline, and begin aqua therapy. A secondary treating physician progress report dated 3/25/15 notes Mycelex troches on the medication list. A primary treating physician progress report dated 4/14/15 notes she is still unable to work. The treatment requested is Mycelex Troche no direction or dose.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Mycelex Troche - no directions or dose:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/mycelex-troche.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, mycelex.

**Decision rationale:** The ACOEM, ODG and California MTUS do not specifically address the requested services. The physician desk reference states the requested medication is used for oral fungal infections. The documentation shows evidence of oral fungal infection. Therefore, the request is medically necessary.