

<b>Case Number:</b>	CM15-0131374		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old man sustained an industrial injury on 2/25/2013. The mechanism of injury is not detailed. Evaluations include an undated left wrist CT scan. Diagnoses include discogenic lumbar condition with facet inflammation and radiculitis, intraarticular comminuted distal radius fracture, left patellofemoral inflammation, talus and fibula fractures with surgical repair, and chronic pain with stress, depression, anxiety, and sleep dysfunction. Treatment has included oral medications. Physician notes dated 6/3/2015 show complaints of left wrist pain, low back pain, and ankle pain. Recommendations include Tramadol, Effexor, Trazadone, Gabapentin, Protonix, and left ankle MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lamisil 250mg #90:** Upheld

**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 Lamisil Prescribing Information.

**Decision rationale:** The claimant sustained a work injury in February 2013 and continues to be treated for left wrist, low back, and ankle pain. When seen, he was having pain rated at 3-4/10. He was having numbness of his left foot. He had thickening and mycotic findings of the toenails. Authorization for Lamisil was requested. Lamisil (terbinafine hydrochloride) is indicated for the treatment of onychomycosis of the toenail or fingernail due to dermatophytes (tinea unguium). Prior to initiating treatment, appropriate nail specimens for laboratory testing should be obtained to confirm the diagnosis of onychomycosis. In this case, a diagnosis of onychomycosis has not been confirmed by laboratory testing. The requested Lamisil is not medically necessary.