

Case Number:	CM15-0144258		
Date Assigned:	08/05/2015	Date of Injury:	08/27/2014
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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 45 year old male, who sustained an industrial injury on August 27, 2014. The injured worker reported that he stepped on nail at work. The injured worker was diagnosed as having status post skin graft with bilobed pedicle flap ulcer of the right foot, abscess of the right foot, and severe peripheral neuropathy. Treatment and diagnostic studies to date has included status post-recent skin flap and skin graft to the plantar foot, use of a boot, magnetic resonance imaging, and medication regimen. In a progress note dated June 11, 2014, the injured worker returned for follow up visit for a right foot ulcer. Examination reveals incision dehiscence with a red beefy base along with an ulcer at the first lobe site on the lateral side of the foot closed. The treating physician noted magnetic resonance imaging with an unknown date that was negative for osteomyelitis and was positive for a phlegmon abscess under the fifth metatarsal head. The treating physician requested Regranex Gel with six refills with the treating physician noting use of this medication for the injured worker's wound daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Regranex Gel with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation online edition 2015, Diabetes chapter.

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

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service as prescribed. The physician desk reference states the requested medication is indicated in the treatment of diabetic lower extremity ulcers. The patient does not have this diagnosis and therefore the request is not certified.