

Case Number:	CM15-0038680		
Date Assigned:	03/09/2015	Date of Injury:	08/05/2014
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 21 year old male who sustained a work related injury on August 5, 2014, after a 3000 pound cargo bin landed on his right foot. He was diagnosed with a crush injury of the great toe on the right foot, laceration of the right great toe and a toenail avulsion. Treatment included pain medications, sutures, ice, trauma shoe, crutches, and antibiotics. X rays revealed a positive fracture at the right Hallux. Currently, the injured worker complained of persistent right great toe pain with the nail slowly falling off, unable to fully bear weight. On February 18, 2015, a request for one prescription of Silver Sulfa Cream 1%, #85, was non-certified by Utilization Review, noting the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silver sulfa cream 1% #85: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burns, SSD cream and

Other Medical Treatment Guidelines <http://www.webmd.com/drugs/2/drug-13530/silver-sulfadiazine-top/details>.

Decision rationale: Pursuant to the Official Disability Guidelines, silver sulfadiazine (SSD) cream 1% #85 g is not medically necessary. SSD cream combined with cerium nitrate was found to be more effective than topical SSD alone in treating severely burned patients. The combination led to more rapid healing and shorter hospital stays. SSD is used with other treatments to help prevent and treat wound infections in patients with severe burns. See the attached link for details. In this case, the injured worker's working diagnoses are fractured toe closed; wound open toe complex; and contusion foot. SSD cream is indicated for burns. There is no documentation of a burn sustained to the affected foot and toes. There is no documentation in the medical record with the clinical indication or rationale for using SSD to the affected site. Consequently, absent clinical documentation with an appropriate clinical indication/rationale for SSD use, silver sulfadiazine (SSD) cream 1% #85 g is not medically necessary.