MAXIMUS Federal Services

Case Number:	CM15-0051715		
Date Assigned:	03/25/2015	Date of Injury:	12/01/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 male who sustained an industrial injury on 12/1/12 while crossing the street and was hit by a car resulting in multiple traumas, loss of vision and traumatic brain injury. He currently complains of ingrown toenails with leg and foot swelling. Medication includes Bacitracin, Cyclopentolate, and Voltaren gel. Diagnoses include tinea pedis, onychocryptosis and edema, traumatic brain injury; sinus arterial fistula with blindness, low vision secondary to retinal branch artery occlusion, neurocognitive and neuropsychological sequelae. Treatments included extensive rehabilitation. Diagnostics include computed tomography of the head, cervical spine, multiple x-rays. A request for Econazole cream was identified on 2/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Econazole cream 1%: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.medscape.com/viewarticle/807034_3 Tina Pedis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. national Library of Medicine, MedlinePlus.gov, Econazole topical.

Decision rationale: Per the above cited reference this topical medication would be a first-line appropriate therapeutic for the treatment of this IW's tinea pedis. The IW does not have any contraindications to this medication (contact or allergic dermatitis) and the medication itself is recognized as effective and as having a benign side effect profile. The earlier utilization review noted that there was no documentation of over the counter antifungal medications being used prior to this request. However; a 1% concentration of Econazole cream, as requested here, is the OTC formulation. As this medication is an appropriate first line therapy I am reversing the prior decision and deem Econazole cream 1% to be medically necessary.