MAXIMUS Federal Services

| Case Number: | CM15-0055881 | | |
|---|---|---|---|
| Date Assigned: | 04/01/2015 | Date of Injury: | 01/16/2007 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

## 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: District of Columbia, Virginia
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 60 year old male, who sustained an industrial injury on 1/16/2007. The mechanism of injury was not provided for review. The injured worker was diagnosed as having scalp actinic keratosis and seborrheic keratosis. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 3/3/2015, the injured worker had a follow up for his scalp issues. The treating physician is requesting 6 photodynamic treatments and Aminolevulinic acid.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Photodynamic treatment (Blu-U) x6 treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.ncbi.nlm.nih.gov/pubmed/15989554 Photodynamic therapy systems and applicators.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2503644/.

**Decision rationale:** ODG, ACOEM and MTUS do not address this issue and alternate guidelines were sought. This patient had actinic keratosis, a pre-cancerous growth. Per cited guidelines, the patient would benefit from both treatment modalties, photodynamic therapy and ALA (aminolevulinic acid) via topical administration. These treatments would be medically indicated for this patient. The number of non-melanoma skin cancers is increasing worldwide, and so the demand for effective treatment modalities. Topical photodynamic therapy (PDT) using aminolaevulinic acid or its methyl ester has recently become good treatment options for actinic keratosis and basal cell carcinoma; especially when treating large areas and areas with field cancerization. The cure rates are usually good, and the cosmetic outcomes excellent. The only major side effect reported is the pain experienced by the patients during treatment. This review covers the fundamental aspects of topical PDT and its application for treatment of actinic keratosis and basal cell carcinoma. Both potentials and limitations will be reviewed, as well as some recent development within the field. Topical PDT, both with ALA and MAL, seems to offer a good therapeutic alternative to standard therapies in treating superficial NMSC, especially if widespread areas or field cancerization are involved. Treatment results are generally very good and the cosmetic results are excellent. Large areas of AK can easily be treated by topical-PDT, especially in the head and neck area, such as the scalp of old men. However, pain in these locations can sometimes be cumbersome to deal with and new pain-relieving strategies are required. For BCCs, topical-PDT has proven especially suited for the superficial form, particularly for treatment of thin and multiple superficial BCCs. Also in this case, both clinical and cosmetic outcomes are excellent. Nodular BCCs are normally excised if possible. Surgery can easily be performed on the cheek, the forehead and the lips, but for lesions located on the nose, eyelids and external ear, simple excision is complicated. For these locations, topical-PDT has shown some potential, although thorough pre-treatment before application of ALA or MAL is necessary, and there is a risk for recurrences. In these instances, also cryotherapy may be good alternative to surgery (Lindgren and Larko 1997). The OTRs constitute a patient group, which suffer from widespread NMSC, and field cancerization constitutes a major problem. For these patients, topical-PDT has shown several advantages. In addition, compliance is less of a problem using topical-PDT as the physician has total control over the treatment as opposed to topical treatments, eg, 5-FU, which should be used for a prolonged period (several weeks) and often lead to compliance problems. Therefore, the requested treatment is medically necessary.

**Aminolevulinic acid HCL top x12 sticks (2 sticks per treatment):** Overturned

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