

Case Number:	CM15-0078348		
Date Assigned:	04/29/2015	Date of Injury:	04/24/2008
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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 62-year-old male, who sustained an industrial injury on April 24, 2008. He reported left ankle pain. The injured worker was diagnosed as having left subtalar arthritis, status post arthroscopy, History of left foot osteomyelitis, status post multiple I & D with prolonged infection and regional osteoporosis, left equinus deformity, obesity, hypertension, gastroesophageal reflux disease, depression, anxiety, insomnia and new onset diabetes. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the left ankle, conservative care, medications and work restrictions. Currently, the injured worker complains of continued left lower extremity pain and associated deformity. It was noted he used a wheelchair for locomotion. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 30, 2015, revealed continued complaints as noted. Nystatin was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nystatin 30mg #100 units: Upheld

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

<https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011455/?report=details>, Published: April 1, 2014.

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

Decision rationale: The ACOEM, ODG and the California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of fungal infections. The clinical documentation provided for review does not indicate a active fungal infection which would require the medications. Therefore, the request is not certified or medically necessary.