

Case Number:	CM15-0091881		
Date Assigned:	05/18/2015	Date of Injury:	10/06/1999
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/12/2015

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 74 year old male with an industrial injury dated 06/09/2014. His diagnoses included right ankle, foot pain in joint, sinus tarsi syndrome, plantar fasciitis and neuropathy. Prior treatment included home exercise program and topical cream for pain. He presents on 04/03/2015 for follow up. He states he has minimal pain in the right ankle. At rest, he has no pain, but sharp pain comes and goes with some weight bearing or exercises. His ankle pain is controlled by intermittent application of topical cream only. He also applies Ciclopirox gel for tinea pedis on his right great toenail. Physical exam noted right ankle was tender. Right great toe showed nail discoloration and subungual hyperkeratosis. Treatment plan included Ciclopirox 0.77% gel 100 gm to affected area with 6 refills, encouraged to continue home exercises routinely, continue home exercise and self-care, follow up with family practitioner, cardiologist and urologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ciclopirox 0.77% #100gm Ref: 6 (Rx 4/3/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine: Ciclopirox topical solution.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604021.html>.

Decision rationale: Pursuant to Medline plus, Ciclopirox 0.77% #100 g with six refills (RX April 3, 2015) is not medically necessary. Ciclopirox topical solution is used along with regular nail trimming to treat fungal infections of the fingernails and toenails. For additional details, see the attached link. In this case, the injured worker's working diagnoses are the right ankle, foot pain and joint; sinus tarsi syndrome; plantar fasciitis; and neuropathy. The documentation shows the injured worker was using ciclopirox as far back as October 9, 2014. The objective documentation in an April 3, 2015 progress note simply states right great toenail discoloration and subungual hyperkeratosis. There is no indication what documentation of objective functional improvement with ongoing ciclopirox. Additionally, the treating provider requested six refills. Consequently, absent clinical documentation with objective functional improvement over a six- month period, Ciclopirox 0.77% #100 g with six refills (RX April 3, 2015) is not medically necessary.