

DATE: 06.04.14

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 06.04.14

IRO CASE #: 62069

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

I am a practicing podiatrist in the state of Texas and I have had the opportunity to care for several patients with similar conditions. I am board certified by the American Board of Podiatric Surgery and the American Board of Podiatric Primary Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The denial by the health plan of specifically Onmel 200 mg or itraconazole 100 mg tablets to treat Madura foot

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
039.9			Prosp.						Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

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PATIENT CLINICAL HISTORY (SUMMARY):

This case involves a claimant with an isolated culture of *P. boydii* complex identified in xx/xx/xx. The clinical course of this claimant is well documented with regression and management of acute signs and symptoms of this infection process while being managed with oral itraconazole. Indeed, there are clinical reports suggesting the recurrence of symptoms and signs of worsening infection during the period of nontreatment. Itraconazole is not a cure for this disease process, but similar to allopurinol is not a cure for tenacious gout, but it is a drug that controls the disease process. Itraconazole treatment is not experimental and there are well over 100 articles in the English literature supporting its use in this type of infection. This infection is not caused by a dermatophyte as suggested in one of the denial letters as far as the health plan's policy on antifungal coverage goes. This infection involves tissues other than skin and skin structure. This claimant has had liver function tests dated from 10/27/10 that suggest no ill effects to the liver from this medication.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This claimant has a definitive culture of *Pseudallescheria boydii*. The literature clearly supports the use of itraconazole and/or Onmel for this type of infection. Indeed, the Merck Manual, updated 2014, supports its

use. This claimant's clinical course also supports itraconazole to manage this infection. If, indeed, the health plan does not want to accept the culture results for 2006, it should authorize and pay for a new surgical biopsy and culture. This would be definitive and there are newer methods of identifying the fungi involved. The literature has several articles describing surgical intervention and treatment with antifungals as the treatment of choice. All of these cases are in a much earlier stage than this claimant's case. This claimant's imaging studies suggest a more diffuse and latent process, which would suggest the surgical option of amputation would be the definitive treatment. Indeed, this would involve amputation of the entire foot. The morbidity associated with this type of procedure in a claimant of this age, without comorbidities, is huge.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
- AHCPH-Agency for Healthcare Research & Quality Guidelines
- DWC-Division of Workers' Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office Disability Guidelines & Treatment Guidelines
- Pressley Reed, The Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer-reviewed, nationally accepted medical literature*
- Other evidence-based, scientifically valid, outcome-focused guidelines*

*The four referenced reports include: Lackner et al., Antimicrobial Agents and Chemotherapy: 2635-2642; May 2012. The Merck Manual updated 2014. An article by Brandt, ME, Journal of Chemotherapy, Vol.15 (Suppl 2):36-47. An article by Tintelnot, K., et al., Journal of Mycoses 51(Suppl 3):11-16.