

Case Number:	CM13-0008645		
Date Assigned:	09/16/2013	Date of Injury:	10/01/2003
Decision Date:	07/28/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Medicine, and is licensed to practice in North Carolina. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 70 year-old with a reported date of injury of 10/01/2003. The patient has the diagnoses of hypothyroidism, shoulder surgery, knee surgery, mixed hyperlipidemia, atrial fibrillation, coronary artery disease with angioplasty and hypertension. The most recent provided progress note from the primary treating physician dated 06/19/2013 notes the patient's medications and vital signs with a plan for thyroid blood work and ferrous sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Betamethasone-Clotrimazole 1%-0.05% #45 DOS: 7/22/13:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph last updated 12/31/2011.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA monograph for betamehtasone-clotirmazole 1%-0/05% (Iotrisone).

Decision rationale: The medication requested is a combination of betamethasone, which is a high potency topical corticosteroid, and clotrimazole, which is a topical antifungal. The

medication is indicated for a variety of inflamed fungal skin infections such as ringworm, tinea pedis and tinea cruris. The medical records provided and progress notes provided do not make mention of a topical fungal infection. In the absence of such a diagnoses, the medication is not medically necessary.