

Case Number:	CM13-0031886		
Date Assigned:	12/04/2013	Date of Injury:	12/14/2012
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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 Internal Medicine and is licensed to practice in California. 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 claimant is a 53 years old male with stated date of work related injury of 12/14/2012. According to the medical records reviewed, the claimant last worked on December 14, 2012, which is the date of injury. On that date, he was impaled by a discarded old glass television tube, and he had exposure to lead, mercury, and copper. He suffered deep cuts/lacerations in the left posterior thigh, with entrapment of foreign body. He required a one week hospital stay and surgical intervention at [REDACTED]. After 3 days of hospitalization, he developed an itchy skin eruption on his back. The condition worsened after he left the hospital, and involved his entire back, arms, forearms, and chest. Over time, the lesions migrated up to his neck as well. The skin eruption is itchy during anytime of the day. He was treated by his medical doctor, initially by topical agents, and later on by utilizing 2 different courses of systemic steroids with limited help, and no complete resolution of the eruption. The condition would recur. He denied any similar conditions in the past. He had no history of similar skin eruptions in the past. He utilizes Cetaphil soap, Irish Spring soap or Ivory at home. He does not utilize any lotions or perfumes. He has 4 pets at home but they have no skin eruptions. He does gardening, with no skin problems. His hobbies include shooting and hunting; however, he has not done that recently due to his injury. He last worked in April, for a month. He was unable to continue working due to the left leg pain. Currently, he is off medications. He has been off Norco and the muscle relaxant for over a month. When he left the hospital back in December 2012, he was on morphine, a stool softener, and a muscle relaxant. He received intravenous antibiotics while in the hospital. At issue is the medical necessity of Temovate cream and Atarax treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of topical Temovate cream: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, use of topical corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

Decision rationale: CA- MTUS, ACOEM and the Official Disability Guidelines is mute about the use of Temovate cream for contact dermatitis, therefore, alternative guidelines were utilized. According to a citation found in the National Guidelines Clearinghouse, the use of topical corticosteroids is widely accepted as the treatment of established contact dermatitis. Based on the submitted records, it appears that the use of the topical corticosteroid cream Temovate is medically appropriate and necessary. Guidelines are in support of topical steroid creams for treatment of established contact dermatitis. The records indicate that the patient has been diagnosed with this type of dermatitis for which Temovate cream appears to be necessary and appropriate

Unknown prescription of oral Atarax at 20/50mg: Overturned

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

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

Decision rationale: CA- MTUS, ACOEM and the Official Disability Guidelines is mute about the use of Atarax. According to Medline Plus, Atarax also known as Hydroxyzine is used to relieve the itching caused by allergies and to control the nausea and vomiting caused by various conditions, including motion sickness. It is also used for anxiety and to treat the symptoms of alcohol withdrawal. The claimant was diagnosed with dermatitis which is associated with itching, therefore the request for oral Atarax at 20/50mg is medically necessary