

Case Number:	CM13-0043695		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2005
Decision Date:	05/29/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Emergency 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 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/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:

This patient has a date of injury of 12/6/2005. The mechanism of injury was received from a motor vehicle accident while on the job. The patient was rear ended but no specific injuries were noted during an ER assessment. The patient has a diagnosis of lumbar radiculopathy and facet arthropathy of C2-3 and C3-4 on L side. Multiple medical records were reviewed from the primary treating physician and consultants. The patient reports pain to neck, shoulder, back, legs and L ankle. Pain is 7-8/10. The patient also complains of bilateral lower extremity numbness radiating to posterior thigh and calf. The patient's ankle pain improves with an ankle brace. There are some complaints of a rash in both legs that is itchy and ongoing for several months. Objective exam reveals decreased range of motion of entire spine, bilateral paraspinal tenderness and spasms L more than R side, positive facet loading to C2-C3 and C3-C4, and positive straight leg bilaterally. Ankle joint range of motion of the L side is decreased with mild crepitus and pain on ranging. Multiple excoriations are noted at proximal tibia in both legs. The patient is currently on Norco, Medrox patch and Omeprazole. The patient has reportedly received physical therapy, epidural injections of spine, acupuncture and chiropractic sessions. A utilization review is for a prescription of Triamcinolone 0.5% cream. A prior UR on 10/21/13 recommended non-certification due to lack of amount of requested Triamcinolone requested/incomplete prescription despite multiple attempts to contact the treating physician for clarification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAMCINOLONE 0.5% CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, www.accessdata.fda.gov

Decision rationale: Triamcinolone cream is anti-inflammatory steroid cream often used to treat itching and various types of rashes and skin disorders. It is considered a mid-potency anti-inflammatory steroid. There is no documentation in the medical records provided for review concerning the characteristics of the patient's rash. There is no actual diagnosis of the type of rash being treated or the underlying pathology. The choice to use Triamcinolone (a mid strength steroid cream) at maximum dosage instead of a lower potency steroid cream is worrisome. Such high dose steroid creams cease being simple anti-itch creams and become significant anti-inflammatory medications. Steroid creams may worsen certain rashes and at such high doses have a high risk for side effects especially if used for prolonged periods. The request for Triamcinolone 0.5% is not medically necessary and appropriate.