

<b>Case Number:</b>	CM13-0045369		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/11/2010
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 New York. 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 injured worker is a 44 year old man who was injured by electrocution with traumatic brain injury on 5/11/10. He has been followed closely for multiple medical issues. He was evaluated by the primary treating physician on 8/26/13 with no physical exam noted but the recommendations included a medication for dryness of burn scars and yearly dermatology re-evaluations with a dermatologist. The visit of 10/9/13 indicates a decrease in the macular rash on his low back, feet and ankle since the last visit. There is no documented exam of his skin or scars. Of note are records from a dermatology visit in 9/11 where chronic leg dermatitis was documented and ammonium lactate was recommended for this dry skin at the burn sites. At issue in this review is ammonium lactate 12%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Ammonium Lactate 12%, #385:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Daily Med on-line:

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=807054c6-2dae-4cc2-b790-674ab66cf79b>

**Decision rationale:** Ammonium lactate or Lac-Hydrin cream is indicated for the treatment of ichthyosis vulgaris and xerosis. Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The recent records do not document a physical exam of his skin nor diagnose ichthyosis vulgaris or xerosis. The records do not provide clinical evidence to support medical necessity for ammonium lactate.