

<b>Case Number:</b>	CM13-0046154		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/28/2008
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/25/2013
<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 Occupational Medicine, has a subspecialty 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:

According to the records made available for review, this is a 40-year-old male with a 3/28/08 date of injury. At the time of request for authorization for clobex spray, there is documentation of subjective (chronic pain associated with contact dermatitis and atopic dermatitis, stress, and depression) and objective (plaques with erythema, cracking, and bleeding fissures) findings, current diagnoses (chronic dermatitis and atopic dermatitis), and treatment to date (topical corticosteroids including Clobex Spray). Records identify that the patient has developed atrophy of skin due to use of steroids. There is no documentation of moderate to severe plaque psoriasis and a rationale identifying the medical necessity of a continued course of therapy with the requested Clobex Spray when there has been no improvement with treatment to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clobex spray 0.05%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed as criteria necessary to support the medical necessity of topical analgesics. The PDR identifies that Clobex Spray is a high potent topical corticosteroid formulation indicated for the treatment of moderate to severe plaque psoriasis. Within the medical information available for review, despite documentation of a diagnosis of chronic dermatitis and atopic dermatitis, there is no documentation of moderate to severe plaque psoriasis. In addition, given documentation of no significant improvement with previous treatments with topical corticosteroids (including Clobex Spray), and that the patient has developed atrophy of skin due to use of steroids, there is no documentation of a rationale identifying the medical necessity of a continued course of therapy with Clobex Spray. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of clobex spray is not medically necessary.