

<b>Case Number:</b>	CM14-0017584		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	07/25/2006
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Occupational 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:

The patient has submitted a claim for keloids, right shoulder; right rotator cuff tear/biceps tendinitis/ acromioclavicular joint arthritis associated with an industrial injury date of 07/25/2006. The treatment to date has included repair of right rotator cuff with tenodesis and excision of distal clavicle on unspecified date, Kenalog and lidocaine injection at the right shoulder, thoracic epidural steroid injection (ESI), C7-T1 ESI, acupuncture, physical therapy, and medications including Neurontin, Lyrica, Soma, Tylenol, Zanaflex, Cymbalta, ibuprofen, and Kadian. The utilization review from 01/31/2014 modified the request for Tri-Luma Cream, apply to dark scars every evening at bedtime; dispense large tube; 6 refills into Tri-Luma Cream; dispense large Tube x 3 refills because the recommendation is treatment duration for up to 3 weeks. The medical records from 2013 to 2014 were reviewed showing that patient complained of neck, right shoulder, and bilateral elbow pain aggravated upon pinching, pulling, and grasping. Physical examination showed tenderness over the right anterior and posterior cervical triangles, medial aspect of right scapula, trapezius, and interscapular area. There were several well-healed surgical incisions over the right shoulder with significant amount of keloid. Range of motion of right shoulder was limited to flexion at 160 degrees, abduction at 150 degrees, external rotation at 60 degrees, and internal rotation at 30 degrees. Range of motion of left shoulder was likewise limited towards flexion at 170 degrees, abduction to 160 degrees, external rotation to 80 degrees and patient can do internal rotation until her thumb can touch the T12 spinous process. Adduction sign was positive at the right. Tinel's sign was positive at the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRI-LUMA CREAM, APPLY TO DARK SCARS EVERY EVENING AT HOUR SLEEP; DISPENSE LARGE TUBE; 6 REFILLS.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.RXLIST.COM AND DRAKE LA, DINHART SM, FARMER, ER, ET AL. GUIDELINES OF ACRE FOR THE USE OF TOPICAL GLUCOCORTICOSTEROIDS. AMERICAN ACADEMY OF DERMATOLOGY. J AM ACAD DERMATOL 1996; 35:615.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration, Tri-Luma Cream.

**Decision rationale:** The CA MTUS and Official Disability Guidelines (ODG) do not specifically address this issue. According to Food and Drug Administration, Tri-Luma cream is a combination drug product containing fluocinolone acetonide 0.01%, hydroquinone 4%, and tretinoin 0.05%. Fluocinolone is a mild corticosteroid that reduces inflammation. Hydroquinone is a bleaching/depigmenting agent. Tretinoin is a retinoid-containing medication that increases cell turnover rate. It was approved for the short-term treatment of moderate to severe melasma (hyperpigmentation) of the face. The safety and efficacy in the treatment of hyperpigmentation conditions other than melasma of the face have not been studied. In this case, the patient has been prescribed with this medication due to the presence of significant keloid at surgical incisions of right upper extremity. However, there are no studies indicating the safety and efficacy of Tri-Luma for conditions other than melasma. Therefore, the request for Tri-Luma cream, apply to dark scars every evening at hour sleep; dispense large tube; 6 refills, is not medically necessary.