

<b>Case Number:</b>	CM14-0114426		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/02/2002
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 63 year old male with a reported date of injury of 06/02/02. He is status post bilateral knee surgery which included right knee meniscectomy and left ACL reconstruction. He has bilateral shoulder impingement syndrome. He is status post right carpal tunnel release surgery right tenosynovectomy, and left tenosynovectomy. He has been identified as having skin cancer. He has undergone cryosurgery to treat actinic keratosis. Pathology report dated 06/20/14 indicated there were multiple actinic keratosis. The treating dermatologist prescribed fluorouracil 5% #40 and fluocinonide 0.05% #3. Utilization review dated 07/09/14 non-certified these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flourouracil 5% #40:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/fluorouracil-topical.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference 2014.

**Decision rationale:** The request for Fluorouracil 5% #40 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has an apparent accepted diagnosis of skin cancer. He underwent biopsy and pathology report dated 06/20/14 as identified actinic keratosis. Although not covered under current evidence based guidelines to include CAMTUS or ODG, fluorouracil is indicated for the treatment of cancer to include skin cancers. Other indications include actinic keratosis. In this case, there is a clear biopsy result for actinic keratosis which would meet the indications for using fluorouracil. The treating provider, a dermatologist prescribed this medication as part of the treatment and as such it is recommended as medically necessary.

**Fluocinonide 0.05% #3:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/fluocinonide-topical.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference 2014.

**Decision rationale:** The request for Fluocinonide 0.05% #3 is recommended as medically necessary. The submitted clinical records indicate that the injured worker was recently diagnosed with skin lesions identified as actinic keratosis per a pathology report dated 06/20/14 he was treated with cryo therapy and subsequently prescribed this topical steroid as an adjunct to the treatment. Although not covered under current evidence based guidelines to include CAMTUS or ODG, Fluocinonide is indicated for the treatment of skin disorders such as Eczema, Seborrhea Dermatitis and Actinic Keratosis. In this case, there is a clear biopsy result for actinic keratosis which would meet the indications for using Fluocinonide. Based on the information provided this topical steroid is recommended as medically necessary.