

Case Number:	CM14-0119180		
Date Assigned:	08/06/2014	Date of Injury:	04/12/2006
Decision Date:	09/12/2014	UR Denial Date:	07/05/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 4/12/06 date of injury. At the time (6/6/14) of request for authorization for One prescription for sunscreen SPF 50, #1, there is documentation of subjective (total body pain, chronic fatigue, problem sleeping, morning gel phenomenon-5 minutes, bruising, especially in her legs, pain in arm, hand, upper and mid back, and hair loss) and objective (now new joint swelling, normal neurological examination, no rheumatoid arthritis deformities, and right third Metacarpophalangeal tenderness and swelling) findings, current diagnoses (Systemic Lupus Erythematosus), and treatment to date (medications (including Plaquenil)). There is no documentation that the request represents medical treatment that should be reviewed for medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for sunscreen SPF 50, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lupus.2012 Jul;21 (8): 830-5.doi:10.1177/0961203312437270.Epub 2012 feb 17, Effect of hydroxychloroquine treatment on pro-inflammatory cytokines and disease activity in SLE patients: data from LUMINA (LXXV), a multiethnic US cohort.

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: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>.

Decision rationale: Evidence based guidelines do not identify criteria for the medical necessity for Sunscreen. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of sunscreen SPF 50. Within the medical information available for review, there is documentation of diagnoses of Systemic Lupus Erythematosus. However, there is no documentation that the request represents medical treatment that should be reviewed for medical necessity. Therefore, based on guidelines and a review of the evidence, the request for One prescription for sunscreen SPF 50, #1 is not medically necessary.