

Case Number:	CM14-0124322		
Date Assigned:	08/11/2014	Date of Injury:	03/30/2006
Decision Date:	09/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

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 Medicine and is licensed to practice in Florida. 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 49-year-old male, who reported an injury on 03/30/2006. The mechanism of injury was not provided with the review. His diagnosis was noted to be old bucket handle of the medial meniscus and bucket handle tear of the lateral meniscus. Prior treatment was noted to be topical creams. Pertinent diagnostics were not noted within the review. A clinical evaluation on 04/08/2014 notes the injured worker with subjective complaints of constant, severe pain rated 7/10 in severity in bilateral knees. The objective findings include tenderness in bilateral knees; patient is currently working; the treatment plan is to continue with the use of Motrin 400 mg, Ambien, and Norco. The rationale for the request was not provided. A Request for Authorization form was also not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocortisone 1% Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com Hydrocortisone 1% topical cream.

Decision rationale: The request for Hydrocortisone 1% Cream is not medically necessary. According to Rxlist.com, hydrocortisone topical cream is a topical steroid. It reduces the actions of chemicals in the body that cause inflammation, redness, and swelling. Hydrocortisone topical is used to treat inflammation of the skin caused by a number of conditions, such as allergic reactions, eczema, or psoriasis. The injured worker did not have indications of inflammation, redness, or swelling. In addition, he did not have a diagnosis, such as eczema or psoriasis. Hydrocortisone topical steroid is available over the counter. Hydrocortisone cream in the request does not indicate a frequency of use or an application site. As such, the request for hydrocortisone 1% cream is not medically necessary.