

Case Number:	CM14-0126068		
Date Assigned:	08/13/2014	Date of Injury:	05/21/2007
Decision Date:	09/18/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas, and Oklahoma. 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 69-year-old male with a reported date of injury on 05/21/2007. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post lumbosacral fusion with residual radiculopathy, and urological problems/voiding dysfunction. The progress note dated 01/20/2014 revealed the injured worker reported he had nocturia 3 to 4 times, which does not bother him, and reported he was overall satisfied with his voiding function, and not interested in any other treatments for the time being. The physical examination revealed a mild rash along a lower abdominal pingular crease and inguinal areas. The progress note dated 07/07/2014 revealed the injured worker was doing well, and the injured worker indicated he used to complain of a groin rash that had responded well to Lotrisone cream. The physical examination revealed a complete resolution of the rash along the lower abdominal pingular crease and inguinal areas. The Request for Authorization form was not submitted within the medical records. The request was for Lotrisone cream, quantity unspecified, for rash.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lotrisone cream, quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

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: Clotrimazole:MedlinePlus.

Decision rationale: The injured worker was prescribed this medication 01/2014. Clotrimazole is used to treat yeast infections of the vagina, mouth, and skin such as athlete's foot, jock itch, and body ringworm. It can also be used to prevent oral thrush in certain patients. The documentation provided indicated the injured worker had and rash; however there was not a diagnosis consistent with the utilization of Lotrisone. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.