

Case Number:	CM14-0024346		
Date Assigned:	06/11/2014	Date of Injury:	05/01/2006
Decision Date:	11/18/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/26/2014

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 Family Medicine and is licensed to practice in Utah. 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 is a 37 year-old male with a date of injury is 05/1/2006. The mechanism of injury is not stated. There is a general lack of medical records. From the provided records, the patient has been diagnosed with [REDACTED] (lumbar spinal stenosis). The patient's treatments have included aquatic therapy. The therapist physical exam findings dated April 24th, 2014 state patient tolerated aquatic therapy times 60 minutes with instruction. The patient notes pressure on L/S spine when in pool, but relief is only temporary. Other therapy notes with dates after are similar. The patient's medications are not stated. The request is for scar cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar cream fluricasone propionate 1% levocetirizine dihydrochloride 2% pentoxifylline 0.5%) prilocaine 3% gabapentin 15% vitamin E acetate0.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, Keloids, Summary and Recommendations

Decision rationale: MTUS treatment guidelines are silent with regards to the above request. Other guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Scar cream. The clinical records lack documentation that the patient has a physical finding of a scar or previous surgery. There is no indication for scar cream that has been included in the records. According to the clinical documentation provided and current guidelines; the scar cream, as requested above, is not indicated as a medical necessity to the patient at this time.