

Case Number:	CM14-0025332		
Date Assigned:	06/11/2014	Date of Injury:	04/18/2013
Decision Date:	07/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 Medicine 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 62-year-old female who reported an injury on 04/18/2013. The mechanism of injury was from lacerations to her left long and ring fingers. Within the clinical note dated 01/17/2014, the injured worker reported she was status post left ring finger repair. Within the physical exam, the provider noted the injured worker to have a left long finger and left ring finger laceration on 04/18/2013. The diagnoses included open wound on the left long and ring fingers, cutting and piercing instrument, and industrial place of incident. The provider recommended physical therapy and occupational therapy for 3 weeks. The clinical documentation submitted is largely illegible. The request is for fluticasone topical scar cream 160 g for 210 days with 6 refills. However, a rationale was not provided for review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SC-01 (FLUTICASONE PROPIONATE 1%/LEVACELITIZINE HCL 2%/PENLOZITYLINE 6%/PRILOCAINE 3%/GABAPENTIN 15% COMPOUNDED TOPICAL SCAR CARE, 160 GRAMS, 210 DAYS (6 REFILLS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-9624-Cutivate+Top.aspx>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for SC-01 topical scar cream 160 grams for 210 days with 6 refills is not medically necessary. The injured worker reported being status post left ring finger repair. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note that any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Topical analgesics are indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment. The guidelines recommend the use of topical analgesics for short-term of 4 to 12 weeks. Gabapentin is not recommended for topical use. There is no evidence for use of any other muscle relaxants as a topical product. There is a lack of clinical documentation indicating the injured worker's signs and symptoms are diagnosed with osteoarthritis. The injured worker had been utilizing the medication for an extended period of time since at least 01/2014, which exceeds the guidelines recommendations of 4 to 12 weeks. There is lack of documentation submitted warranting the medical necessity for the medication. There is lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, the request does not specify a treatment site. Therefore, the request for SC-01 topical scar cream 160 g for 210 days 6 refills is not medically necessary.