

Case Number:	CM14-0037637		
Date Assigned:	06/25/2014	Date of Injury:	06/02/2002
Decision Date:	07/28/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/28/2014

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 and is licensed to practice in Nevada. 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 61-year-old male who was reportedly injured on June 2, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 13, 2014, indicated that there were ongoing complaints of numbness and tingling in the hands and right knee pain. The physical examination demonstrated triggering of the right sided long and middle fingers and the left middle finger. There were a positive Tinel's test and Phalen's test although it is not stated on which side. There was tenderness at the left wrist over the ulnar aspect. Examination of the right knee noted medial joint line tenderness and a positive McMurray's test. The treatment plan included use of a transcutaneous electrical nerve stimulation unit and a referral to an ear/nose/throat specialist, Parafon Forte, albuterol, and an unknown transdermal medication was prescribed. A request had been made for Pramasone and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pramasone 1-2.5 strength, DOS 02/05/2014: Upheld

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

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://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=98cd9215-bf4e-4c88-9da8-1f54c93a8090>.

Decision rationale: A literature search reveals no results regarding a medication called Pramason. The previous utilization management review, dated February 27, 2014, indicated a request for Pramasome, which there was also no results of finding medical literature regarding the requested medication. There is a medication entitled Pramosone, which is a topical medication including hydrocortisone and pramoxine hydrochloride. It is unclear if this is the medication requested or not. Furthermore, there was no mention of any skin condition in the most recent progress note dated March 13, 2014. Therefore, the request for Pramason 1-2.5 strength, DOS 02/05/2014 is not medically necessary and appropriate.