

Case Number:	CM14-0039056		
Date Assigned:	06/27/2014	Date of Injury:	03/09/2008
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/03/2014

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 records presented for review indicate that this 47 year-old female was reportedly injured on 3/9/2008. The mechanism of injury is noted as a crushing injury. The most recent progress note, dated 3/5/2014, indicates that there are ongoing complaints of left knee pain status post amputation. The physical examination demonstrated antalgic gait with a cane, while wearing a prosthesis. Positive tenderness to trigger points over her neck, posterior shoulders, and low back. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, medications, and durable medical equipment to include prosthesis. A request was made for Mederma cream 60 oz. with five refills and was not certified in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medema cream 60 oz. refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Mederma is an over-the-counter product used for reduction of scar tissue/scar revision. It is deemed largely experimental in use with few randomized controlled trials to determine efficacy or safety. Without significant evidence-based scientific studies determining the efficacy of this product, it is deemed not medically necessary.