

Case Number:	CM14-0039078		
Date Assigned:	06/27/2014	Date of Injury:	09/10/2001
Decision Date:	08/13/2014	UR Denial Date:	03/12/2014
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 Family Practice and is licensed to practice in California. 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:

Claimant is a 74 yr. old female with a work related injury dated 9/10/01. The claimant injured her low back and wrists. She was diagnosed with bilateral carpal tunnel syndrome. She had taken Nonsteroidal anti-inflammatory drugs (NSAIDs), opioids and Selective serotonin reuptake inhibitor (SSRIs) for pain and depression. She had also used topical analgesics including Voltaren gel for pain relief. She uses braces and compression therapy garment for ice and heat applications. A progress note on 11/18/11 indicated the claimant had continued left hand numbness and tingling affected by the carpal tunnel syndrome. The claimant was planning to have surgery. The treating physician provided a sling support and rejuveness (silicone sheeting) to reduce scarring after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silicone scar 1% 1.6 x 4.8 aloe/LA/ceramide/silicone & tape (duration & frequency unknown)(date of service 11/18/2011): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for compound drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Guidelines Other Medical Treatment Guideline or Medical Evidence: Cochrane Database Syst

Rev. 2013 Sep 12;9:CD003826. doi: 10.1002/14651858.CD003826.pub3.Silicone gel sheeting for preventing and treating hypertrophic and keloid scars.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines do not comment on Silicone scar cream (rejuveness). ReJuveness is a compounded drug and according to the Official Disability Guidelines (ODG) guidelines, they are recommended as a first-line therapy for most patients, but recommended as an option after a trial of first-line Food and Drug Administration FDA-approved drugs, if the compound drug uses FDA-approved ingredients that are recommended in ODG. In this case, the product is ordered prior to surgery. There is no indication that there has been a scar or successful surgical outcome. Silicone for scars is not supported by clinical trials. The request above is therefore not medically necessary.