

Case Number:	CM14-0071441		
Date Assigned:	09/05/2014	Date of Injury:	02/11/2008
Decision Date:	10/03/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/16/2014

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 Internal Medicine and Pulmonary Diseases 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:

The injured worker is a 51-year-old female who reported an injury on 02/11/2008. The mechanism of injury was a motor vehicle accident. Her diagnoses included bilateral rotator cuff impingement and acromioclavicular joint AC joint arthrosis, bilateral glenohumeral osteoarthritis, right knee lateral compartment osteoarthritis, right knee patellofemoral pain syndrome, and obesity. Past treatments were not provided. Diagnostic studies included right shoulder x-rays, left shoulder x-rays, and right knee x-rays. On 04/22/2014 the injured worker was in for back pain and neck pain. The injured worker stated she felt the same. The neck pain was dull and consistent, 7/10, worse with laying a certain way, and better with medication, heat and H wave. The pain radiated to the shoulder and neck. Left and right shoulder pain was sharp, constant, 8/10, worse with lifting, reaching and exercise, and better with heat, H wave and medication. The knee pain was sharp, occasional for the left and constant for the right, 10/10, worse with activity, walking and prolonged sitting, and better with H wave, medication, heat and rest. The pain to the low back was dull, constant, 7/10, worse with lying and prolonged sitting and walking, and better with rest, heat, and medication. The pain did not radiate. Medications were noted to include omeprazole 20 mg twice a day for NSAID induced ulceration, tizanidine 8 mg three times a day, Mederma three times a day to prevent keloid formation, Norco 10/325 twice a day. The injured worker has failed several years of conservative type care. The rationale was provided above. The request for authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mederma #20 (1 prescription): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: National Guideline Clearinghouse, Agency for Healthcare Research and Quality

Decision rationale: The request for Mederma #20 (1 prescription) is not medically necessary. The injured worker has a history of neck, shoulder, knee, and low back pain. The California MTUS/ACOEM and Official Disability Guidelines fail to do not address the use of Mederma. Mederma is an over the counter scar gel. According to the National Guideline Clearing House for Mederma, there were no results found. There is lack of guidance for a recommendation or scientific evidence of the use of Mederma in the management of chronic pain. There is no recognized consensus regarding the clinical effectiveness, appropriateness or safety of Mederma use. Without guidelines that support cannot be documented. As such, the request is not medically necessary.