MAXIMUS Federal Services

Case Number:	CM14-0080740		
Date Assigned:	07/18/2014	Date of Injury:	05/26/2005
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 53-year-old male who reported an injury on 05/26/2005 while cleaning steel with needle gun and chipping hammer, he felt pain in his neck and numbness in his right hand and fingers. Diagnoses were cervical sprain, bilateral upper extremity radiculopathy, NSAID gastritis, lumbar sprain. Past treatments reported were physical therapy and a cervical epidural steroid injection. Diagnostics were a CT scan of the neck, MRI of the cervical spine, and an EMG/NCV study. Surgical history was not reported. The injured worker had a physical examination on 06/12/2014 with complaints of low back pain that increased with bending and twisting. The pain was reported to be between 3/10 and 9/10 and improved with rest and medications. Examination of the spine revealed tenderness of the upper back and neck with cervical occipital region increased with left cervical rotation was to 60 degrees with positive Spurling's into the upper back. Medications were not reported. Treatment plan was for a random drug screen. Also requested were acupuncture and massage. There was a request for Clobetasol cream for the injured worker's occupational dermatitis. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clobetasol cream 0.05% #45 no refills: 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 Medline Plus: http://www.nlm.nih.gov/medlineplus/druginfo/meds/a686008.htmlOther Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule, ACOEM, and the Official Disability Guidelines do not address this request. Clobetasol is used to treat itching, redness, dryness, crusting, and discomfort of various scalp and skin conditions. Clobetasol comes in cream, gel, ointment, and spray for use on the skin and in foam, lotion, and shampoo to apply to the scalp. Clobetasol is used once or twice a day. Due to the lack of information to support the medical necessity of this request, it is non-certified. Physical examination on 06/12/2014 mentioned that the injured worker had occupational dermatitis. This diagnosis was not mentioned anywhere else in the documents submitted for review. Therefore, the request is not medically necessary.