

Case Number:	CM14-0086142		
Date Assigned:	08/08/2014	Date of Injury:	03/24/2014
Decision Date:	09/15/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with an injury date on 03/24/2014. Based on the 05/19/2014 progress report provided by [REDACTED], the diagnoses are; second degree burn to the hand/wrist, contact dermatitis and pain of limb. According to this report, the patient complains of pain in the bilateral hand from 2nd degree burn. Tenderness and swelling was noted at the right index finger. The 05/08/2014 report mention the patient is now 70% better. Range of motion of the right wrist is limited. There were no other significant findings noted on this report. The utilization review denied the request on 05/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/24/2014 to 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Procomycin Cream 13 GM RETRO 3/28/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (p111, chronic pain section) Page(s): 111.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 111. The Expert Reviewer's decision rationale: According to the report by [REDACTED] this patient presents with pain in the bilateral hand from 2nd degree burn. The treating physician requested Procomycin Cream 13gm retro for 03/28/2014. Procomycin cream contains Lidocaine Hydrochloride 4%. Regarding Topical Analgesics, MTUS guidelines states "Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms." The MTUS Guidelines also states, "Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request is considered not medically necessary.

Procomycin Cream 26 GM RETRO DOS 4/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111; 28, 29.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 111; 28, 29. The Expert Reviewer's decision rationale: According to the report by [REDACTED] this patient presents with pain in the bilateral hand from 2nd degree burn. The treating physician requested Procomycin Cream 26gm retro for 04/08//2014. Procomycin cream contains Lidocaine Hydrochloride 4%. Regarding Topical Analgesics, MTUS guidelines states "Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms." The MTUS Guidelines also states, "Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request is considered not medically necessary.

Procomycin Cream 26 GM RETRO 4/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111; 28, 29.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 111; 28, 29. The Expert Reviewer's decision rationale: According to the 05/19/2014 report by [REDACTED] this patient presents with pain in the bilateral hand from 2nd degree burn. The treating physician requested Procomycin Cream 13gm retro for 04/17/2014. Procomycin cream contains Lidocaine Hydrochloride 4%. Regarding Topical Analgesics, MTUS guidelines states "Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms." The MTUS Guidelines also states, "Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or

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Procomycin Cream 26 GM RETRO 5/8/14: Upheld

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (p111, chronic pain section) Page(s): 111; 28, 29.

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