

<b>Case Number:</b>	CM14-0105762		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 39-year-old male who reported an injury on 01/12/2012. The mechanism of injury was a fall. His diagnoses were noted to include right knee medial meniscus tear, left knee lateral meniscus tear, and left shoulder supraspinatus tendinosis. His past treatments were noted to include oral medications and injections. Diagnostic studies included an unofficial MRI of the right knee performed on 03/18/2013 which was noted to reveal previous scarring, tear of the posterior horn of the medial meniscus and lateral meniscus with partial thickness tear of the ACL and mild to moderate wear of the articular surface with joint effusion. There was also an unofficial MRI of the left knee performed on 03/18/2013 which was noted to reveal the posterior horn of the lateral meniscus and compartment articular surface wear with joint effusion and a specific 8 mm focal chondral defect of the medial femoral condyle of the left knee. Surgical history was noted to include a right knee surgery on an unspecified date. The physician's progress report dated 05/20/2014 indicated the injured worker complained of pain to the neck, left shoulder, mid back, and both knees. Physical examination revealed the injured worker ambulated with a single point cane and had improving range of motion to the bilateral knees. However, restricted range of motion to the left shoulder was noted. Current medications were not specified. The treatment plan included the recommendation for a left knee arthroscopy with partial meniscectomy, a drug screening, and the request for FCMC creams. There was no clear rationale for the request provided, and the Request for Authorization, dated 06/03/2014, was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: FCMC Cream 120 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**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: <http://www.rxlist.com/ketoconazole-cream-drug/indications-dosage.htm>

**Decision rationale:** The request for compound: FCMC cream 120 mg is not medically necessary. The California MTUS/ACOEM Guidelines and the Official Disability Guidelines do not specifically address the use of Ketoconazole cream (FCMC cream). The website rxlist.com indicates the use of Ketoconazole cream for the following: Ketoconazole cream, 2% is indicated for the topical treatment of tinea corporis, tinea cruris and tinea pedis caused by *Trichophyton rubrum*, *T. mentagrophytes* and *Epidermophyton floccosum*; in the treatment of tinea (pityriasis) versicolor caused by *Malassezia furfur* (*Pityrosporum orbiculare*); in the treatment of cutaneous candidiasis caused by *Candida* spp. and in the treatment of seborrheic dermatitis. There is a lack of documentation indicating that the injured worker had a diagnosis of any of the aforementioned conditions. Additionally, the treating physician failed to provide a clear rationale as to the medical necessity for the request. In the absence of this information, the medical necessity for the requested medication cannot be established. As such, the request for compound: FCMC cream 120 mg is not medically necessary.