

Case Number:	CM14-0107476		
Date Assigned:	08/01/2014	Date of Injury:	02/06/2006
Decision Date:	01/28/2015	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/10/2014

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 Dermatologist and is licensed to practice in New York. 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 enrollee is a 54 year old male with history of numerous actinic keratoses who is requesting coverage for cleocin solution, clobetasol cream and urea cream. These requests were denied as the provider could not be reached for discussion about why these medications were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cleocin Solution, 3 Refills: Overturned

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: Bernard P, Jarlier V, Santerre-Henriksen A. Antibiotic susceptibility of Staphylococcus aureus strains responsible for community-acquired skin infections]. Ann Dermatol Venereol. 2008 Jan;135(1):13-9.

Decision rationale: The medical records indicate that the enrollee has a diagnosis of folliculitis on the scalp. This is a clindamycin solution is common treatment for folliculitis which is effective and well-tolerated (Bernard, 2008). Therefore, the request is medically necessary.

Clobetasol Cream 8 gm: Overturned

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: Tan ES, Tan AS, Tey HL. Effective treatment of scrotal lichen simplex chronicus with 0.1% tacrolimus ointment: an observational study. J Eur Acad Dermatol Venereol. 2014 Mar 25.

Decision rationale: The enrollee has a history of pruritic, pink plaques on the central back, thought to be lichen simplex chronicus. The request for clobetasol cream helps to reduce the inflammation associated with this condition (Tan, 2014). Therefore, the request is medically necessary.

Urea 40%: Overturned

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: Tan ES, Tan AS, Tey HL. Effective treatment of scrotal lichen simplex chronicus with 0.1% tacrolimus ointment: an observational study. J Eur Acad Dermatol Venereol. 2014 Mar 25.

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