MAXIMUS Federal Services

Case Number:	CM14-0180319		
Date Assigned:	11/06/2014	Date of Injury:	08/06/2012
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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 Calfornia. 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 53 year old male with an injury date of 08/06/12. Based on the 05/16/14 progress report, the patient complains of neck, lower back, and right wrist pain. The pain level with medications is at 5 out 10 and without medication is at 8 out 10. The patient has tingling, numbness, and itching on his right hand. Current medications are Lyrica 50mg, Norco 10-325mg, and Meloxicam 15mg, and Naprosyn 500mg. The examination of left wrist joint reveals swelling, and Erythema of hand bilaterally with clubbing of digits. There is limited pronation/supination and tenderness to palpation over ulnar side. The motor strength of right side: finger flexor's is 3/5, grip is 2/5, finger extensor's is 2/5, wrist flexor's is 0/5, and wrist extensor's is 0/5. The patient's diagnoses are1. Lumbar Radiculopathy2. Low back pain3. Wrist pain. The patient has had right wrist fusion surgery dated 08/29/13. On 05/14/14, the patient had sacral medial branch radiofrequency neurotomy at the Sacral Alae, S1-S4 branch on the left for a total of 5 lesions. According to 06/19/14 report, the EMG study on the right hand showed evidence of median neuropathy at the carpal tunnel and mild ulnar neuropathy localizing distally to the right wrist at Guyon's canal. The treating physician request is Fluocinonide 0.1% cream for pruritus and numbness per report dated 05/16/14. The utilization review determination being challenged is dated 10/09/14. The treating physician provided the treatment reports between 04/22/14-08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluocinonide 0.1% Cream: 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: WebMD.com

Decision rationale: This patient presents with neck, low back, and right wrist pain. The request is Fluocinonide 0.1% cream for pruritus and numbness. On the 05/16/14 progress report, the treating physician noted that the patient used Fluocinonide 0.05% ointment prescribed by another physician was helpful to reduce his itching symptoms and the patient needs a refill. MTUS nor ODG discuss topical steroids for pruritus conditions. WebMD.com states, "This medication is used to treat a variety of skin conditions (e.g., eczema, dermatitis,allergies, rash). Fluocinonide reduces the swelling, itching, and redness that can occur in these types of conditions. This medication is a strong corticosteroid."In this case, the treating physician does not explain what condition this patient has that requires the use of topical steroid. There is no documentation of eczema, dermatitis, allergies, rash to consider this medication. Recommendation is not medically necessary.