

Case Number:	CM14-0187416		
Date Assigned:	11/17/2014	Date of Injury:	07/16/2010
Decision Date:	01/07/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency Medicine, 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 injured worker is a 54 year-old male, who sustained an injury on July 16, 2010. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: February 10, 2014 posterior cervical fusion, physical therapy, medications. The current diagnoses are: cervical cord myelopathy, bilateral knee internal derangement, atopic dermatitis secondary to chronic opiate use, major depressive disorder and stress. The stated purpose of the request for Elidel CRE 1% #30 #100 was for a body rash. The request for Elidel CRE 1% #30 #100 was denied on October 14, 2014, citing a lack of documentation of medical necessity. Per the report dated September, the treating physician noted feeling in a better mood but body is getting weaker, and complains of anxiety and stress. Per the AME report dated June 19, 2014, the provider noted the presence of a diffuse body rash with prescription of Elidel 1% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elidel CRE 1% #30 #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Daily Med, Retrieved December 24, 2014

Decision rationale: The requested Elidel CRE 1% #30 #100 is not medically necessary. CA MTUS and ODG are silent on this immunomodulating topical agent. The injured worker has anxiety and stress and a diffuse body rash. The treating physician has not documented detailed description of a rash, prior treatment, duration of rash, nor functional improvement from its use. The criteria noted above not having been met. Therefore, Elidel CRE 1% #30 #100 is not medically necessary.