

<b>Case Number:</b>	CM14-0188500		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

This is a 61 year old male injured worker with date of injury 2/29/08 with related right knee and lumbar spine pain, and dermatologic issue. Per progress report dated 9/22/14, it was noted that the injured worker complained of scaly lesions on exposed areas. His diagnoses include actinic keratosis and solar elastosis. It was noted in the treatment plan that liquid nitrogen would be used on the date of exam and there was a need for authorization of routine liquid nitrogen treatment and prescription Carac cream. Treatment to date has included knee injection, physical therapy, and medication management. The date of UR decision was 10/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Carac Cream: Upheld**

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

**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.drugs.com/pro/carac.html>

**Decision rationale:** Per internet search, Carac Cream contains Fluorouracil for topical dermatologic use. Fluorouracil cream is used for treating multiple actinic or solar keratosis (skin

growths caused by exposure to sunlight). Fluorouracil cream is an antineoplastic. It works by blocking the growth of certain cells. The guidelines are silent on the use of this medication. Medical necessity cannot be affirmed.