

Case Number:	CM14-0198893		
Date Assigned:	12/09/2014	Date of Injury:	12/23/2009
Decision Date:	01/22/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/26/2014

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 64 year old male with a date of injury of December 23, 2009. Results of the injury include bilateral knees and left shoulder. Diagnoses include hypertension w/lt vent dd and sinus tachycardia resolved. Treatment included blood pressure medication, synvisc injections, Kenalog injection, and operative arthroscopy with mini open rotator cuff repair and biceps tenodesis. Magnetic resonance imaging scan of the right shoulder dated December 2012 revealed impingement AC joint arthrosis and partial rotator cuff tear. Progress report dated September 29, 2014 showed bilateral positive patellofemoral crepitation and grind with patellofemoral maltracking to the right knee. The left shoulder showed full range of motion with tenderness to palpation of the anterior portion of the shoulder. Work status is permanent and stationary, retired. Treatment plan included viscosupplementation injections. This review is for Tretinoin, a topical medication. This review will assess medical necessity only and does not take sides on determining if the underlying diagnosis being treated relates or is covered by insurance. Most of the notes relate to shoulder complaints and only a few related to skin condition. Patient is reportedly post cryosurgery for actinic keratosis on 4/11/14 and 10/27/14. Documentation there is no rationale about why Tretinoin was prescribed. Utilization review form dated November 10, 2014 non certified Tretinoin 0.05% #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tretinoin 0.05% #45: Upheld

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: De Berker D, McGregor JM, Highes BR and British Association of Dermatologists Therapy Guidelines and Audit Subcommittee; Guidelines for the management of actinic keratoses; Br J Dermatol. 2007 Feb; 156 (2):222-30.

Decision rationale: MTUS Chronic pain, ACOEM Guidelines and Official Disability Guidelines do have any sections that relate to this topic. US based American Academy of Dermatologist guidelines are out of date with last revision from 1996 therefore British guidelines published in 2007 were reviewed. As per guidelines published by the British Association of Dermatologist from, Tretinoin has benefit against Actinic Keratosis. However, the provider has failed to document appropriate justification or plan for this medication. Without proper documentation and plan, Tretinoin is not medically necessary.