

<b>Case Number:</b>	CM14-0207626		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/19/1996
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 reported an injury on 08/19/1996. The mechanism of injury was not provided. His diagnoses included actinic keratosis, squamous cell carcinoma, and basal cell carcinoma. There was no documentation of physician visit with subjective complaints. Documentation with physical examination and objective findings was not provided. His current medications were not included in the documents submitted. The treatment plan was not included. A request was received for a 4 to 6 month supply for fluorouracil. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4-6 month supply of Fluorouracil:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[www.radiologyinfo.org/en/info.cfm?pg=hdneck#part\\_two](http://www.radiologyinfo.org/en/info.cfm?pg=hdneck#part_two)

**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/cdi/fluorouracil-cream.html>

**Decision rationale:** The request for 4-6 month supply of fluorouracil is not medically necessary. According to [www.drugs.com](http://www.drugs.com), fluorouracil is used for treating multiple actinic or solar keratosis. A pathology report dated 09/24/2014 indicated the injured worker was positive for actinic keratosis, squamous cell carcinoma, and basal cell carcinoma. The clinical information also indicated that the injured worker was authorized for Fluorouracil 30mg with 3 refills on 11/12/2014. However, there was no documentation with evidence of functional improvement with the use of the medication. Given the absence of the information indicated above, the request is not supported. In addition, the request does not specify strength or frequency of use. As such, the request is not medically necessary.