

Case Number:	CM15-0100654		
Date Assigned:	06/03/2015	Date of Injury:	07/19/2005
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55-year-old male, who sustained an industrial injury on 07/9/2005. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/03/2015 the injured worker has reported for a pain consultation for left lumbar, left sacroiliac, lumbar, right lumbar, right sacroiliac, sacral, left buttock and left posterior leg pain. On examination palpable tenderness at: lumbar, left sacroiliac, sacral, left buttock, right sacroiliac, right buttock, left posterior leg, right posterior leg, left posterior knee, right posterior knee, left calf, right calf, left ankle, right ankle, left anterior leg, right anterior leg, right anterior knee, left anterior knee, left anterior knee, right shin, left shin, left ankle and right ankle was noted. The lumbar spine revealed a decreased range of motion. The diagnoses have included lumbar disc disorder, lumbalgia and sciatica. Treatment to date has included medication and laboratory studies. The provider dated 03/31/2015 requested Proctosol-HC (hydrocortisone cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Proctosol-HC (hydrocortisone cream), Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92. Decision based on Non-MTUS Citation Evaluation and Management of Common Anorectal Conditions MATTHEW V. FARGO, MD, MPH, Eisenhower Army Medical Center, Fort Gordon, Georgia KELLY M. LATIMER, MD, MPH, Naval Hospital Camp Lejeune, North Carolina Am Fam Physician. 2012 Mar 15;85(6):624-630.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had hemorrhoids for an unknown length of time. According to the AAFP guidelines, if conservative measures are ineffective, topical steroids can be used for a maximum of two to four weeks and only in low-potency formulations to minimize the risk of skin atrophy. In this case, the claimant had been on Proctosol for greater than 2-4 weeks, Failure of all conservative measures or ewcam findings were not mentioned. Continued use of Proctosol is not medically necessary.