

Case Number:	CM15-0105968		
Date Assigned:	06/10/2015	Date of Injury:	09/30/2007
Decision Date:	07/20/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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: New York

Certification(s)/Specialty: Dermatology

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 60 year old male, who sustained an industrial injury on 9/30/07. The injured worker was diagnosed as having psoriasis vulgaris. Treatment to date has included medications and topical ointments. Physical examination findings on 4/29/15 revealed psoriatic plaques present on 5% of the body surface area including the thighs, legs, and back. Currently, the injured worker complains of skin itching. The treating physician requested authorization for Pharos laser treatment x30 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharos Laser Treatment (30-sessions): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

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: Almutawa F, Thalib L, Hekman D, Sun Q, Hamzavi I, Lim HW. Efficacy of localized phototherapy and photodynamic therapy for psoriasis: a systematic review and meta-analysis. Photodermatol Photoimmunol Photomed. 2015 Jan; 31 (1): 5-14. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, Gottlieb A, Koo JY, Lebwohl M, Lim

HW, Van Voorhees AS, Beutner KR, Bhushan R. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 5. Guidelines of care for the treatment of psoriasis with phototherapy and photochemotherapy. *J Am Acad Dermatol*. 2010 Jan; 62 (1): 114-35.

Decision rationale: The patient is a 60 year old male with history of psoriasis which has previously been deemed work-related. He has been treated with topical agents, including ultrapotent topical steroids (clobetasol, betamethasone) and systemic agents, including methotrexate and currently adalimumab (Humira). He has had persistently stubborn areas on the legs and back. He has been treated with some success using excimer laser therapy, which is localized NB-UVB phototherapy. The use of ultraviolet light in the treatment of psoriasis is a long-standing, accepted method of treatment. Traditionally the choices for therapy involved full-body exposure to ultraviolet light. Newer treatment delivery methods, such as through the excimer laser have allowed localized application of ultraviolet light, reducing the overall ultraviolet exposure to the patient's skin. The excimer laser is an FDA-approved treatment modality for psoriasis. Given that the patient is being treated with a biologic agent (Humira) and has persistent skin involvement despite topical steroids, addition of localized ultraviolet light therapy is reasonable and would be considered medically necessary given his associated symptoms of itching. Alternative therapies may include switching to another, more efficacious class of biologics, such as ustekinumab or secukinumab. Treatment of psoriasis is not considered curative, but is aimed at reducing flares and prolonging remissions. The request is medically necessary.