

Case Number:	CM15-0131560		
Date Assigned:	07/17/2015	Date of Injury:	03/05/1998
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Internal Medicine

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 59-year-old male with an industrial injury dated 03/05/1998. The injured worker's diagnoses include bilateral shoulder internal derangement, status post bilateral carpal tunnel release, recurrent left carpal tunnel syndrome with left volar wrist scarring and thickening and narcotic dependency. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/29/2015, the injured worker reported pain in right wrist, hardness of the left palm/wrist, difficulties with flexing the left fingers, tingling of the left hand/fingers, stiffness and cramping of the left fingers, quick tiredness of the left hand, pain in the right shoulder and difficulties with raising left arm/shoulder. Objective findings revealed pain and discomfort palmar area left side, decreased median nerve compression test, numbness diffuse bilateral and weakness of left hand. The treatment plan consisted of medication management and follow up appointment. The treating physician requested scar cream now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scar Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA, Hypertrophic Scars and Keloids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna: Hypertrophic Scars and Keloids On-line Version: Last reviewed 6/16/2015.

Decision rationale: Both ODG and MTUS are silent on the issue of scar creams. Aetna considers silicone products (e.g., sheeting, gels, rigid shells) experimental and investigational for the treatment of hypertrophic scars or keloids because there is inadequate evidence from prospective randomized clinical trials in the peer-reviewed published medical literature of the effectiveness of silicone products in alleviating symptoms of hypertrophic scars and keloids. Aetna considers intralesional 5-fluorouracil, cryotherapy or corticosteroids medically necessary for treatment of keloids where medical necessity criteria for keloid removal are met. See CPB 0031 - Cosmetic Surgery, for medically necessary indications for keloid removal. Aetna considers the following interventions experimental and investigational for the treatment of hypertrophic scars or keloids because of insufficient evidence in the peer-reviewed literature: Adipose-derived stem cell. Basic fibroblast growth factor. Dermal substitutes. Etanercept (see CPB 0315 - Enbrel (Etanercept)). Hyaluronidase Imiquimod cream. Intense pulsed light. Interferon alpha (see CPB 0404 - Interferons). Intralesional bleomycin. Intralesional botulinum toxin type A injection. Intralesional mitomycin Laser-assisted administration of cortico steroid. Micro-needling (with Dermapen disposable tips or other devices/tools). Non-ablative fractional laser. Radiofrequency treatment Topical calcipotriol. Topical retinoids. Transforming growth factor beta1. Therefore, based on current and up to date information, scar creams are considered experimental and investigational. Therefore, in this case, the request for scar cream is not medically necessary.