MAXIMUS Federal Services

Case Number:	CM15-0143185		
Date Assigned:	08/04/2015	Date of Injury:	09/26/2011
Decision Date:	09/08/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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, North Carolina
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 49 year old male, who sustained an industrial injury on 9-26-2011. He was using a hand held torch in order to heat the fumes of an oil tank and the fumes ignited which caused an explosion. He suffered burns over 15% of his total body surface area, mostly on the right arm and lower abdomen. Diagnoses include burn injury 43% total body surface. Treatment to date has included conservative care for his orthopedic injuries including diagnostics, medications, physical therapy, TENS, bracing, and occupational therapy as well as ongoing burn treatment. Per the handwritten Primary Treating Physician's Progress Report dated 4-14-2015, the injured worker reported pain and itchiness which is controlled with pain medication. Physical examination was conducted on the scarring of the bilateral upper extremities with hypertrophic skin. The plan of care included, and authorization was requested for sunscreen SPF 100 #1 bottle, cocoa butter lotion #1 bottle and itch cream #1 bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sunscreen SPF 100 use as directed #1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed, SunScreen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for sunscreen SPF 100 to use of burned areas of the body. There is no evidence that the sunscreen requested is more effective that over the counter products available. There is no evidence that sunscreen will result in a functional improvement. Therefore, the request for sunscreen is not medically necessary.

Coco butter lotion use as directed #1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the patient suffered burns to both upper extremities and neck four years ago. The request is for cocoa butter to be applied topically. There is no medical evidence cited for the use of cocoa butter. No controlled studies support the use of cocoa butter in burn victims. There is no evidence of functional improvement or pain relief with cocoa butter. Therefore, the request is not medically necessary.

Itch cream use as directed #1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient suffered burns to both upper extremities and neck four years ago. The request is for "itch cream." The type of cream and its components are not specified. There are no controlled studies supporting the use of this unspecified itch cream in post-burn therapy. There is no medical evidence cited for the medical necessity of itch cream, therefore it not medically necessary.