

<b>Case Number:</b>	CM15-0164767		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/13/1999
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: 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 66 year old female who sustained an injury on 4-13-99. The initial symptoms and complaints from the injury are not included in the medical records. 3-18-15 the follow up examination for chronic low back pain and cauda equine syndrome reports when the IW is receiving her prescribed medications her pain is well controlled. She is to continue walking for exercise as tolerated; utilize open gym, continue healthy diet; home exercise program; wellness classes; pace activities to prevent flare ups and to stretch daily. Diagnoses include chronic pan syndrome; injury of cauda equine spinal cord injury without evidence of spinal bone injury; lumbar post-laminectomy syndrome, lumbar region. Medications include Lorazepam 0.5 mg; Lidocaine 5% adhesive patch; Konsyl 3.4 gram oral powder packet; Ondansetron HCL 4 mg; Flomax; Zanaflex 4 mg; Flector 1.3 % transdermal 12 hour patch; DSS 250 mg; Lunesta 3 mg; Neurontin 400 mg; Bentyl 10; Dilaudid 4 mg; Triamcinolone Acetonide 0.1 % topical cream to apply to affected area 3 times daily as needed. The physical examination reports negative seated straight leg raise bilaterally; reflexes 1+ in the knees and absent in the ankles; no extensor Hallucis longus weakness. Currently the evaluation from 7-16-15 regarding her lumbar post fusion syndrome status post multilevel lumbar reconstruction, cauda equine and chronic radicular pain; chronic pain syndrome with both sleep and mood disorder, she reports tolerating the Dilaudid and is able to maintain her activities of daily living and home exercise program with this medication. Triamcinolone Acetonide 0.1% topical cream was prescribed again. Current requested treatments Triamcinolone Acetonide 0.1 % #4 30 gm tubes.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Triamcinolone Acetonide 0.1% #4 30gm tubes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=12671>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, triamcinolone.

**Decision rationale:** The ACOEM, California MTUS and ODG do not specifically address the requested medication. The physician desk reference states the requested medication is a topical steroid used in the treatment of dermatitis and skin conditions such as contact dermatitis and atopic dermatitis. The patient does not have a skin condition due to industrial incident and therefore the request is not certified.