

<b>Case Number:</b>	CM15-0167048		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/28/2001
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 injury on 6-28-01. The initial symptoms and complaints of the injury are not included in the medical reports. The PR2 dated 4-22-15 cardiac device progress report states he underwent SVC stent on 3-20-15 and has markedly improved breathing; resolution of facial swelling and has minor sensation of fullness in both upper extremities. Diagnoses are pacemaker; status post CABG; status post ablation of atrial fibrillation (September 2010); bilateral knee osteoarthritis; low back pain; status post bilateral hip arthroscopy; sick sinus syndrome; paroxysmal atrial fibrillation; arrhythmia; status post coronary artery stent placement; pre-op cardiovascular exam; status post left knee arthroscopy; status post ablation of atrial fibrillation (2-21-14); history of left total hip arthroplasty; ventricular tachycardia. Medications are Aspirin 325 mg; Bystolic 10 mg; Lisinopril 10 mg; Lovaza 1 gram; Omeprazole 40 mg; Polyethylene glycol 17 grams; Rosuvastatin. The plan is to continue device surveillance protocol. An examination from 5-19-15 reports positive history of skin malignancies and suffers from sun damage and has undergone numerous skin cancer surgeries. An examination on 7-20-15 as a follow up for actinic keratosis on the face and he was treated with liquid nitrogen and prescribed Fluorouracil 1 % topical cream. Actinic Keratoses was distributed on left forearm, right forearm and scalp. The exam included the scalp; head; conjunctivae and lids; lips; neck; chest; abdomen; back; right upper extremity; left upper extremity; right lower extremity; breasts; right hand; left hand; right foot; left foot and inspection of digits and nails. The treatment for 8 lesions was liquid nitrogen. The plan was to increase Efudex 5% cream to once a day for 3 weeks; Vanicream lite lotion as a

moisturizer and sun block in the morning. Stop the Retinol; avoid sun exposure; monthly self-examination; apply SPF 30 sunscreen and wear sun protective clothing. Current requested treatments BPO Cloths (unspecified dosage and quantity).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**BPO Cloths (unspecified dosage and quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Options for Actinic Keratosis. Am Fam Physician. 2007 Sept 1; 76(5):667-671. <http://www.drugs.com>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/benzoyl peroxide](http://www.drugs.com/benzoyl_peroxide).

**Decision rationale:** This 60 year old male has complained of knee pain, low back pain, hip pain, acne and pre-cancerous skin lesions since date of injury 6/28/01. He has been treated with surgery, physical therapy and medications. The current request is for BPO cloths, unspecified dosage and quantity. BPO cloths are a topical medication containing benzoyl peroxide. The available medical records indicate ongoing treatment with benzoyl peroxide gel. An additional request for benzoyl peroxide is therefore not substantiated. On the basis of the available medical documentation and per the reference cited above, BPO cloths are not medically necessary.