

Case Number:	CM15-0193344		
Date Assigned:	10/07/2015	Date of Injury:	05/22/2008
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/01/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 67 year old male who sustained an industrial injury on 5-22-08. The injured worker reported discomfort in the low back and feet. A review of the medical records indicates that the injured worker is undergoing treatments for chronic pain, closed fracture foot, calcaneus, and calcific tendonitis of shoulder. Provider documentation dated 7-21-15 noted the work status as "perm restrictions". Treatment has included Neurontin since at least January of 2014, Acetaminophen-Codeine since at least January of 2014, physical therapy, scooter for transportation, and right foot radiographic studies. Objective findings dated 7-21-15 were notable for antalgic gait with limp, lumbar paraspinals with "minimal soreness without spasm left", bilateral feet without "significant edema", intact sensation to light touch, immediate capillary refill, heels tenderness to palpation, skin noted as "No edema, erythema, warmth, ecchymosis, deformities, Surgical scars, skin lesions, burns, or abrasions". The original utilization review (9-4-15) denied a request for Clobetasol propionate 0.05% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clobetasol propionate 0.05% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Eye 2004, Section(s): Patient Management.

Decision rationale: Clobetasol proprionate is a topical steroid preparation used in the treatment of various forms of dermatitis or ophthalmic conditions. According to the CA MTUS, Eye chapter, pages 500-502 recommend the treatment of conjunctival and corneal abrasions with topical steroids. In this case however, the medical documentation does not cite any indication for use of topical steroids. The clinical note from 7/21/15 does not document that the injured worker has any condition which would benefit from topical steroids, nor does it indicate what condition they are being prescribed for. Therefore the request is not medically necessary.