

Case Number:	CM15-0202293		
Date Assigned:	10/19/2015	Date of Injury:	02/17/2006
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, California
 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 63 year old male, who sustained an industrial injury on 02-17-2006. The injured worker was noted as temporarily totally disabled as of 06-11-2015. Medical records indicated that the injured worker is undergoing treatment for lumbar intervertebral disc disease and sciatica. Treatment and diagnostics to date has included medications. Recent medications have included Ranitidine, Methocarbamol, and Gabapentin. Subjective data (06-11-2015 and 06-25-2015), included low back pain radiating to bilateral legs with numbness and tingling. Objective findings (06-11-2015) included palpable tenderness at lumbar, bilateral sacroiliac, and bilateral buttock areas with decreased lumbar range of motion. No gastrointestinal assessment was documented in the above progress notes. Patient had received lumbar ESI for this injury. The patient has had MRI of the lumbar spine that revealed disc protrusions, central canal narrowing, and degenerative changes. The patient had received an unspecified number of PT visits for this injury. The patient has had history of GERD and constipation and internal hemorrhoids and DM.A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Anucort HC 25mg #12 (with shipping and handling) DOS 9/17/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burns (updated 09/11/15) Topical corticosteroid (treatment of sunburn) Micromedex FDA labeled indications.

Decision rationale: MTUS/ACOEM guideline does not specifically address this issue. Hence other guideline used. As per the cited guideline "Topical corticosteroid (treatment of sunburn): Recommended. The safety of two commonly used topical corticosteroid sunburn treatments was tested. Both 0.1% methylprednisolone aceponate milk (MPA) and 0.1% hydrocortisone 17-butyrate emulsion (HCB) were found to be safe and effective in the treatment of sunburn". FDA labeled indications of Hydrocortisone included "Disorder of gastrointestinal tract, Disorder of skin". A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. A detailed rationale for the use of Anucort HC 25mg was not specified in the records specified. The request for Retrospective Anucort HC 25mg #12 (with shipping and handling) DOS 9/17/15 is not medically necessary or fully established for this patient.