

<b>Case Number:</b>	CM15-0211660		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 15, 2014. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve a request for a topical hydrocortisone cream. The claims administrator referenced office visits of September 8, 2015 and September 16, 2015 in its determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of knee pain. The applicant was off of work, the treating provider reported. The applicant was worsening, the treating provider reported in one section of the note. The note was somewhat difficult to follow as it mingled historical issues with current issues to some extent. The applicant exhibited erythema about the left lower shin. The applicant was given diagnosis of cellulitis of the leg. Bactrim was endorsed for the same. A knee sleeve and Norco were also endorsed. The topical hydrocortisone cream in question was also seemingly prescribed, seemingly without a supporting rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocortisone cream 2.5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases, Skin & soft tissue infections: cellulitis.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Physicians' Desk Reference <http://www.pdr.net/drug-summary/hydrocortisone-cream-and-ointment?druglabelid=2714> Hydrocortisone Cream and Ointment (hydrocortisone) - Drug Summary ADULT DOSAGE & INDICATIONS Inflammatory and Pruritic Manifestations of Corticosteroid-Responsive Dermatoses Apply a thin film to the affected area bid-qid depending on the severity of the condition.

**Decision rationale:** No, the request for a topical hydrocortisone cream 2.5% was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendation so as to ensure proper usage and so as manage expectations. Here, however, the attending provider's September 8, 2015 office visit did not clearly state why topical hydrocortisone had been introduced on that date. While the Physicians Desk Reference (PDR) notes that hydrocortisone cream is indicated in the treatment of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, here, however, the applicant was described on the September 8, 2015 office visit at issue as carrying a diagnosis of lower extremity cellulitis. The attending provider's documentation, thus, pointed to the applicant's carrying a diagnosis of an infectious dermatosis. It did not appear, thus, that the applicant had either an inflammatory or pruritic dermatosis present which would have supported provision of the hydrocortisone cream at issue. Therefore, the request is not medically necessary.