

Case Number:	CM15-0219263		
Date Assigned:	11/12/2015	Date of Injury:	05/14/2013
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 53 year old male, who sustained an industrial injury on 5-14-13. Medical records indicate that the injured worker is undergoing treatment for cervical spine disc syndrome, right knee medial meniscus tear and status-post failed anterior cruciate ligament repair in the right knee. The injured worker was noted to have permanent work restrictions. On (9-15-15) the injured worker complained of right knee pain, worsening catching and instability. Objective findings revealed positive locking during weight-bearing, ambulation and active and passive range of motion. Tenderness to palpation was noted over the medial joint line. A McMurray's sign was positive. The injured worker received a cortisone injection to the right knee. Treatment and evaluation to date has included medications, knee immobilizer, cortisone injection, physical therapy, home exercise program and a right knee surgery. Current medications were not provided. The current treatment request is for Fluticasone Propionate compound 240 grams #1. The Utilization Review documentation dated 10-9-15 non-certified the request for Fluticasone Propionate compound 240 grams #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluticasone propionate compound 240 gm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pulmonary (updated 9/11/15) online version <http://www.ncbi.nlm.nih.gov/pubmed/18506819>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.accessdata.fda.gov/drugsatfda_docs/nda/99/19958S8_Cutivate_appltr_prntlbl.pdf.

Decision rationale: Regarding the request for Fluticasone propionate compound 240 gm #1, California MTUS, ACOEM, and ODG are silent regarding this request. The FDA states this medication is indicated for the treatment of corticosteroid responsive dermatoses. Within the documentation available for review, there is no documentation the patient has corticosteroid responsive dermatoses. In the absence of clarity regarding this issue, the currently requested Fluticasone propionate compound 240 gm #1 is not medically necessary.