

Case Number:	CM15-0052908		
Date Assigned:	03/26/2015	Date of Injury:	06/27/2003
Decision Date:	05/07/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/20/2015

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 35 year old male with an industrial injury dated June 27, 2003. The injured worker diagnoses include Lyme disease, fatigue and lumbago. He has been treated with prescribed medications. According to the progress note dated 01/06/2014, the injured worker reported a different level of back pain. Objective findings revealed tenderness over back area. There were no current medical records submitted for review. The treating physician prescribed Doxycycline Hycalte 100mg and Triamcinolone Acetonide now under review. The current medication list was not specified in the records provided. Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided. Other therapy done for this injury was not specified in the records provided. Any recent lab report or imaging report was not specified in the records provided. Any recent detailed clinical evaluation note of treating physician was not specified in the record. A detailed physical examination of skin showing evidences of rash was not specified in the records provided. A detailed objective evidence of the Lyme disease was not specified in the records provided. A lab report confirming evidence of Lyme disease was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAMCINOLONE ACETONIDE 0.1% CREAM 80GMS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thompson Micromedex-FDA Labeled indications; Drug- TRIAMCINOLONE ACETONIDE.

Decision rationale: Request: TRIAMCINOLONE ACETONIDE 0.1% CREAM 80GMS MTUS guideline does not specifically address this issue. Hence Thompson Micromedex used. As per cited guideline, Thompson Micromedex-FDA Labeled indications; Drug-topical Triamcinolone Acetonide include "Candidiasis of skin." Objective evidence of skin lesions was not specified in the records provided. A recent detailed clinical evaluation note of treating physician was not specified in the records. A detailed physical examination of the skin showing evidence of a rash was not specified in the records provided. Detailed objective evidence of Lyme disease was not specified in the records provided. A lab report confirming evidence of Lyme disease was not specified in the records provided. Rationale for Triamcinolone Acetonide 0.1% CREAM 80GMS was not specified in the records provided. Triamcinolone Acetonide 0.1% CREAM 80GMS is not medically necessary in this patient.

DOXYCYCLINE HYCLATE 100MG #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Infectious Diseases (updated 11/11/14) Doxycycline (Vibramycin, Doryx).

Decision rationale: Doxycycline Hyclate 100MG #20 ACOEM/MTUS state guideline does not specifically address this issue. Hence ODG used. As per cited guideline the medication Doxycycline is "Recommended as first-line treatment for cellulitis and other conditions. Also recommended for the prevention of malaria." Objective evidence of an infection or medical condition like cellulitis was not specified in the records provided. A recent detailed clinical evaluation note of the treating physician was not specified in the records. A detailed physical examination of the skin showing evidence of rash that is suggestive of Lyme's disease, was not specified in the records provided. Detailed objective evidence of the Lyme's disease was not specified in the records provided. A lab report confirming evidence of Lyme's disease was not specified in the records provided. Rationale for the use of Doxycycline Hyclate 100MG #20 was not specified in the records provided. Doxycycline Hyclate 100MG #20 is not medically necessary for this patient.

