

Case Number:	CM15-0053786		
Date Assigned:	04/30/2015	Date of Injury:	07/19/2000
Decision Date:	05/29/2015	UR Denial Date:	03/10/2015
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, 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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 19, 2000. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for an mupirocin topical cream and X-Viate topical cream. The claims administrator referenced progress notes of February 26, 2015 and February 2, 2015 in its determination. The applicant's attorney subsequently appealed. On February 2, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant reportedly had multiple lesions and skin abscesses consistent with an MRSA infection, the treating provider reported in the subjective section of the note. 1/10 pain with medications was reported in another section of the note. The applicant's medications include topical mupirocin, methadone, Ditropan, Xanax, oxycodone, methadone, topical Bactroban, Neurontin, potassium, Norco, X-Viate, and Lasix. The applicant was using a walker to move about, it was acknowledged. Derivative complaints of anxiety and depression were reported. The attending provider inspected the skin overlying the chest, abdomen, leg, and foot. It did not elaborate on his findings in the objective section of the note. At the bottom of the report, the attending provider stated that the applicant had ongoing pain complaints. Blood testing due to search for an infection was proposed, along with antibiotic creams and medications. X-Viate, potassium, oxycodone, Norco, topical mupirocin, and methadone were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Mupirocin 2% topical cream 22g with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Infectious Diseases.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine Mupirocin Treats skin infections. Belongs to a class of drugs called antibiotics.

Decision rationale: Yes, the request for topical mupirocin (Bactroban) was medically necessary, medically appropriate, and indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 suggests that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations in order to ensure proper use and to manage expectations. The National Library of Medicine (NLM) notes that mupirocin is indicated in the treatment of skin infections. Here, the attending provider noted that the applicant did have issues with skin boils and/or scattered skin lesions evident about various body parts, including the back, leg, and foot. Usage of mupirocin (Bactroban) was, thus, indicated to ameliorate the applicant of sore and/or boils. Therefore, the request was medically necessary.

1 prescription of X-Viate 40% topical cream (1 tube) with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, www.drugs.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation UREA CREAM 40% - DailyMed [https://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?...Urea Cream 40%](https://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?...Urea%20Cream%2040%) is a keratolytic emollient which is a gentle, yet potent, tissue softener for nails and/or skin.

Decision rationale: Similarly, the request for X-Viate (urea) cream was medically necessary, medically appropriate, and indicated here. The MTUS Guidelines in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his recommendations so as to manage expectations and to ensure proper use. The National Library of Medicine (NLM) notes that X-Viate (urea) cream is an over-the-counter emollient, which can be employed to soften the skin and/or nails. Here, the attending provider's February 2, 2015 progress note did suggest that the applicant had area of chapped and/or dry skin, which could have been benefited from application of topical X-Viate (urea). Therefore, the request was medically necessary.