

Case Number:	CM15-0055031		
Date Assigned:	03/30/2015	Date of Injury:	08/26/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 39 year old male, who sustained an industrial injury on 8/26/2011. He reported a backward fall, injuring his lower back on a concrete slab. The injured worker was diagnosed as having complex regional pain syndrome, status post right hip hematoma incision and drainage, major depression and mood disorder. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, psychotherapy and medication management. In progress notes dated 1/3/2015 and 12/1/2014, the injured worker complains of pain in the neck, low back, right hip and right lower extremity and depression and self loathing. The treating physician is requesting Proctosol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proctosol; HC cream #1 bottle with 2 refills: Overturned

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 <https://online.epocrates.com>; Proctosol HC (Hydrocortisone).

Decision rationale: MTUS and ACOEM are silent. Epocrates states concerning Proctosol HC (Hydrocortisone) "prescribed for anorectal inflammation/pruritus [apply cream bid-qid] Alt: 25 mg PR bid prn; Info: apply after bowel movement." The treating physician documents that the patient has anal itching secondary to constipation and the use of Proctosol would be medically appropriate. As such the request for Proctosol; HC cream #1 bottle with 2 refills is medically necessary.