MAXIMUS Federal Services

Case Number:	CM15-0059048		
Date Assigned:	04/03/2015	Date of Injury:	01/04/2015
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25 year old female, who sustained an industrial injury on 1/04/2015. Diagnoses include cellulitis and abscess of upper arm and forearm. Treatment to date has included topical antibiotic cream. Per the Primary Treating Physician's Progress Report dated 1/18/2015 the injured worker reported a burn to the left anterior forearm two weeks ago. Initially it was one large blister that popped and there is now surrounding redness and an itchy patch of redness proximal to the AC space corresponding to skin that touches the burned area. Physical examination of the left anterior forearm revealed a one centimeter shallow ulceration with 3cm surrounding erythema, warmth and tenderness. The distal left upper arm has a patch of erythema and clustered papules. She has been applying antibiotic ointment and the provider states that she may be allergic to it. The plan of care included referral to a dermatologist and topical cream and authorization was requested for topical Mometasone/Pentoxifyl Pow/ Levocetirizi Pow/Pracasiitm-Cre Tranilast Pow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical medication/Pentoxifyl pow/Levocetirizi pow/ Pracasiltm cream Tranilast pow:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medical treatment guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with redness and itching in the left anterior forearm secondary to a burn. The request is for TOPICAL MEDICATION MOMETASONE/ PENTOXIFYL POW/LEVOCETIRIZI POW/PRACASILTM CREAM TRANILAST POW. Physical examination to the left forearm on 02/12/15 revealed hyperpigmented patches proximal to the forearm and area proximal to AC space. Per 02/05/15 progress report, patient's diagnosis include dyschromia, unspecified, cellulitis and abscess of upper arm and forearm, and allergy, unspecified not elsewhere classified. Patient's medications, per 01/18/15 progress report, includes Keflex. Patient is working regular duties. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The treater does not discuss this request. No RFA was provided either. The MTUS Guidelines page 111 states, "Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the requested topical medication contains levocetrizi, an antihistamine and mometasone, an anti-inflammation drug, none of which are discussed in MTUS for topical application. The request IS NOT medically necessary.