MAXIMUS Federal Services

Case Number:	CM15-0088833		
Date Assigned:	06/03/2015	Date of Injury:	10/04/2006
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 63 year old female, who sustained an industrial injury on 10/4/2006. Diagnoses have included advanced traumatic arthritis of the right knee. Treatment to date has included right total knee arthroplasty (October 2014), physical therapy and medication. According to the progress report dated 3/30/2015, the injured worker continued to improve with physical therapy status post right total knee arthroplasty. The surgery had been complicated by development of deep vein thrombosis (DVT). She continued to make progress with knee flexion at 150 degrees and full extension. She was placed on Augmentin due to dental work. Authorization was requested for Scar Cream dispensed 3/31/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review Scar Cream Dispensed 3-31-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams and Other Medical Treatment Guidelines

http://www.rejuveness.com/c127/Hypertrophic-Scar-Treatment-c162.htmlJ Clin Aesthet Dermatol. 2010 May; 3(5): 20ï¿½26. Innovative Therapies in the Treatment of Keloids and Hypertrophic ScarsMartha H. Viera, MD, Sadegh Amini, MD, Whitney Valins, BS, and Brian Berman, MD, PhDcorresponding author.

Decision rationale: MTUS and ODG are silent concerning scar cream. MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed."MTUS states, "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."A J Clin Aesthet Dermatol from May 2010 states "No consensus in treatment regimens has been reached due to the limited evidence-based information found in the literature." It is not clear whether the patient has a keloid or a hypertrophic scar. There is no evidence that such creams are recommended. Based on the peer review article and the documentation provided, the request for Retro Review Scar Cream Dispensed 3-31-15 is not medically necessary at this time.