

<b>Case Number:</b>	CM15-0089124		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: North Carolina

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 49 year old male, who sustained an industrial injury on 4/26/2011. He reported injuries to multiple areas due to an explosion. The injured worker was diagnosed as having multiple burn wounds, legally blind, multiple surgical repairs to burn areas and near quadriplegia. There is no record of a recent diagnostic study. Treatment to date has included surgery, eye prosthesis, physical therapy, hand therapy and medication management. In a progress note dated 4/6/2015, the injured worker presents for re-evaluation and complains of chronic pain. Documentation states the injured worker applies Eucerin to his burn areas daily and Erythromycin ointment to eyes daily. The treating physician is requesting Eucerin Topical cream #1 with 4 refills and Retroactive Erythromycin Ophthalmic 0.5% ointment with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eucerin Topical Cream #1 with 4 Refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, eucerin.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is an over the counter lotion used primarily for dry skin. The patient is using for previous burn injuries. Therefore, the request is certified.

**Retro Erythromycin Ophthalmic .5 Percent Ointment #3 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, erythromycin ophthalmic ointment.

**Decision rationale:** The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of acute infections of the eye. The patient has chronic eye injuries but there is no record of acute infection and therefore the request is not certified.