

Case Number:	CM15-0015364		
Date Assigned:	02/03/2015	Date of Injury:	10/19/2013
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, California

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:

This is a 67 year old male patient, who sustained an injury on 10/19/13. He subsequently reports back and left knee pain. Diagnoses include bursitis of the left hip, tear of medial cartilage or meniscus of the knee and DJD of the left knee. Per the doctor's note dated 10/21/2014, he had left knee and left hip pain. the physical examination revealed left knee- effusion and crepitance; skin- no erythema. Per the note dated 8/12/2014, he had macular rash on lower extremities, more on right side. The medications list includes ambien, amoxicillin, celebrex, ibuprofen, percocet and clobetasol cream. He has undergone left total knee replacement on 5/16/14; ankle surgery and hernia repair. He has had left knee MRI on 11/22/2013. He has had cortisone injections and physical therapy visits for this injury. The UR decision dated 1/2/15 non-certified Medication: Clobetasol Emollient 0.05% #30, Dispensed 11/14/14. The Medication: Clobetasol Emollient 0.05% #30, Dispensed 11/14/14 was denied based on Non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Clobetasol Emollient 0.05% #30, Dispensed 11/14: Upheld

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 Thompson Micromedex FDA labeled indications of topical clobetasol

Decision rationale: Request: Clobetasol Emollient 0.05% #30, Dispensed 11/14 Per the Thompson Micromedex, FDA labeled indications for topical clobetasol includes “Disorder of skin, Corticosteroid responsive, Plaque psoriasis (Mild to Moderate), Plaque psoriasis (Moderate to Severe) and Scalp psoriasis (Moderate to Severe).” Per the note dated 8/12/2014, he had macular rash on lower extremities, more on right side. Patient is using clobetasol topical cream since long time for lower extremities rash. A detailed examination and history of the skin lesions after 8/2014 is not specified in the records provided. Response to this topical cream is not specified in the records provided. Evidence of psoriasis is also not specified in the records provided. The medical necessity of Clobetasol Emollient 0.05% #30, Dispensed 11/14 is not fully established for this patient at that time.