

Case Number:	CM15-0114112		
Date Assigned:	06/22/2015	Date of Injury:	09/04/2012
Decision Date:	07/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old female, who sustained an industrial injury on September 4, 2012. She reported bilateral wrist, low back and bilateral lower extremity pain. The injured worker was diagnosed as having status post lumbar fusion, repetitive strain injury, lumbosacral disc injury, possible carpal tunnel syndrome in bilateral wrists, lumbar sprain/strain, myofascial pain syndrome and bilateral wrist tendonitis. Treatment to date has included diagnostic studies, radiographic imaging, lumbar fusion, conservative care, medications and work restrictions. Currently, the injured worker complains of continued bilateral wrist, low back and bilateral lower extremity pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She underwent lumbar fusion on November 17, 2014. Evaluation on November 21, 2014, revealed improved pain and ambulation following lumbar fusion. Evaluation on February 27, 2015, revealed continued pain with associated symptoms. She noted left lower extremity numbness. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroquinone 4% cream #2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NHS choices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Clin Aesthet Dermatol. 2014 Aug; 7(8): 13-17. PMID: PMC4142815Hyperpigmentation Therapy: A Review Seemal R. Desai, MD, FAAD*.

Decision rationale: The CA MTUS does not address the use of hydroquinone in treatment of hyperpigmentation and scarring, and therefore the literature provides the best modality with which to assess for clinical necessity in this case. The provided documents indicate that the patient has a hypertrophic scar that is painful and itchy (and very bothersome to the patient). Given the support in the literature for use of hydroquinone in treatment of Hyperpigmentation, it appears that the request is supported. Therefore the request is medically appropriate; if the treatment is ineffective, it should not be continued.

Silicone gel #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NHS choices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Cutan Aesthet Surg. 2009 Jul-Dec; 2(2): 104-106. DOI: 10.4103/0974-2077.58527PMCID: PMC2918339The Efficacy of Silicone Gel for the Treatment of Hypertrophic Scars and Keloids Neerja Puri and Ashutosh Talwar.

Decision rationale: The CA MTUS does not address the use of silicone gel, and therefore the literature provides the best modality for assessing treatment in this case. The provided documents indicate that the patient has a hypertrophic scar that is painful and itchy (and very bothersome to the patient). Given the support in the literature for use of silicone gel in treatment, it appears that the request is supported. Therefore the request is medically appropriate; if the treatment is ineffective, it should not be continued.