

Case Number:	CM15-0116309		
Date Assigned:	06/24/2015	Date of Injury:	05/03/1999
Decision Date:	07/24/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/16/2015

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, Pain Management

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 74 year old female who sustained an industrial injury on 5/3/99. Progress note dated 5/4/15 reports follow up of contact dermatitis on the face, arm, trunk, and leg. The rash is red, itchy and painful with open wounds mild in severity. Topical treatments have been effective but when stopped, the eruptions recur. Diagnoses include pruritus, dyschromia unspecified, prurigo nodularis and contact dermatitis unspecified. Plan of care includes minimize sun exposure, discontinue unnecessary medications and wear sunscreen and protective clothing, continue with prescribed topical treatment, request for intralesional kenolog 4 separate sessions of kenolog 2.5 mg 3cc, counseling and discussion given regarding signs and symptoms of cellulitis and follow up in 2 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intralesional Kenolog injections x4 treatments of 2.5mg x3cc one every 4 wks: Overturned

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

<http://emedicine/medscape.com/artiele/1088032-medication#6>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online, Intralesions steroids.

Decision rationale: With regard to this request, the CPMTG, ACOEM, and ODG do not directly address this issue. An online-evidenced base data base, Uptodate Online, was consulted. This database specifies the following: "Indications for intralesional corticosteroid therapy are acute and chronic inflammatory processes [4], hyperplastic and hypertrophic skin disorders, and conditions that typically have a favorable response to systemic and topical corticosteroids. In addition to anti-inflammatory properties, the atrophogenic side effect of corticosteroids also can be used advantageously when treating hypertrophic types of lesions, including keloids, lichen simplex chronicus, hypertrophic lupus, and psoriasis." In the case of this injured worker, there is documentation of pruritis, eczema, and prurigo nodularis lesions. The patient has had topical steroid treatment, but continues with these lesions. Therefore, it is appropriate to trial a series of intraleSIONS steroids, and this request is medically necessary.