

Case Number:	CM15-0142677		
Date Assigned:	08/03/2015	Date of Injury:	01/12/2006
Decision Date:	11/17/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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, New York, California

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 12, 2006. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for ketoconazole cream and triamcinolone cream. The claims administrator referenced an office visit of June 24, 2015 and an RFA form of June 26, 2015 in its determination. The claims administrator stated that attending provider failed to furnish a compelling rationale for the agents in question. The applicant's attorney subsequently appealed. On September 23, 2015, the applicant reported ongoing complaints of neck and upper back pain. The applicant was given refills of MS Contin, Percocet, Mobic, and Dexilant. The applicant contended that his medications were keeping him functional. The applicant's primary pain generator was the neck, mid back, and shoulders. The applicant did have ancillary issues including headaches, eczema, hypertension, dyslipidemia, and COPD, it was reported. There was no mention of the applicant's having active eczematous lesions on this date, however. On August 19, 2015, the applicant was again given refills of Morphine, Percocet, Mobic, and Dexilant. There was no mention of either cream in question on this date. On June 24, 2015, it was acknowledged that the applicant was off of work and receiving Social Security Disability Insurance (SSDI). Once again, there was no mention of the applicant using either of the creams in question. The note seemingly focused solely on discussion of the applicant's pain complaints and made no mention of active issues with eczema or COPD (if any).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoconazole cream 2% #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=39b85d6a-9133-42e6-b7f8-58f045e9b9f0>; US National Library of Medicine INDICATIONS AND USAGE

Ketoconazole cream, 2% is indicated for the topical treatment of tinea corporis, tinea cruris and tinea pedis caused by *Trichophyton rubrum*, *T. mentagrophytes* and *Epidermophyton*.

Decision rationale: No, the request for a ketoconazole cream 2% is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 3, page 47, an attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, multiple progress notes, referenced above, including the June 24, 2015 office visit at issue made no mention of the ketoconazole cream in question. It was not clearly stated for what issue, diagnosis, and/or purpose the ketoconazole cream was prescribed for. While the National Library of Medicine does acknowledge that ketoconazole cream is indicated in the treatment of tinea corporis, tinea cruris, and/or tinea pedis, here, again, there was mention of the applicants carrying any of the aforementioned diagnoses on multiple progress notes, referenced above, of mid-2015.

Therefore, the request is not medically necessary.

Triamcinolone Cream 0.1% #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=684ff6c1-1065-4cae-9737-4312378b6026>; US National Library of Medicine INDICATIONS AND USAGE

Triamcinolone acetonide cream is indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

Decision rationale: Similarly, the request for a triamcinolone cream is likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so to ensure proper usage and/or so as to manage expectations. Here, however, the multiple progress notes, referenced above, made no mention of the applicants using the triamcinolone cream in question. A clear rationale for provision of the same was not seemingly furnished. While the National Library of Medicine (NLM) does acknowledge that triamcinolone cream is indicated in the treatment of

inflammatory or pruritic dermatoses, here, however, there was no mention of the claimants having any active inflammatory or pruritic dermatoses on or around the date of the request, June 24, 2015. The claimant's skin issues were not seemingly discussed or detailed. While it was stated that the claimant had a history of eczema, there was no mention of the claimants having active eczematous lesions on or around the date in question. The attending provider made no mention of triamcinolone cream in question on his June 24, 2015 progress note. It was not clearly established, in short, why the triamcinolone cream in question was prescribed. Therefore, the request is not medically necessary.