

Case Number:	CM15-0174860		
Date Assigned:	09/16/2015	Date of Injury:	08/10/1980
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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, 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 59 year old male, who sustained an industrial injury on 8-10-80. The documentation noted on 4-25-15 the injured worker is slowly growing lesions, left clavicle, chest, right preauricular, right temple, left forehead, upper back, right hand, right proximal forearm and right elbow. The documentation noted all lesions have been slowly growing, occasionally bleeding and no symptoms and have been present for at least six months. The injured worker has past history of multiple actinic keratosis and skin cancers and history of basal carcinoma right preauricular and left chest and in situ right distal forearm, previously treated. The documentation noted that the Qualified Medical Examiner report on 3-28-12 indicated history of skin cancers diagnoses of actinic keratosis, basal carcinoma right preauricular, basal carcinoma left chest and squamous carcinoma right distal forearm and the injured worker needs surgery for those sides and has a 24 percent impairment of the whole person. The diagnoses have included rule out carcinoma, none sites; history of previous basal carcinoma right preauricular, left chest, right distal forearm, unclear if the injured worker was previously treated and actinic keratosis. The documentation noted on 4-25-15 that biopsies were performed of six lesions. Pathology report reading on 4-29-15 right elbow showed microscopic examination demonstrates a proliferation of dyskeratotic pleomorphic keratinocytes with mitosis, derived from the epidermis, extending into the dermis with adjacent inflammation. Pathology report reading on 4-29-15 right proximal forearm showed microscopic examination demonstrates an epidermis with acanthosis and hyperkeratosis; there is parakeratosis identified; the epidermis

shows keratinocytic atypia and overall loss of polarity and a mild inflammatory infiltrate is present. Pathology report reading on 4-29-15 right pre-auricular showed microscopic examination demonstrates an epidermally derived basaloid process extending through the dermis; the neoplasm has clusters and islands of basaloid cells with peripheral palisading and there are focal areas of neoplasm retraction from the surrounding stroma. Pathology report reading on 4-29-15 right temple showed microscopic examination demonstrates a hyperkeratosis, irregular acanthosis with inward directed rete ridges, irregular papillomatosis and benign keratinocytes and inflammation. Pathology report reading on 4-29-15 right hand showed a proliferation of dyskeratotic pleomorphic keratinocytes with mitosis, derived from the epidermis, extending into the dermis with adjacent inflammation. Pathology report reading on 4-29-15 left forearm showed microscopic examination demonstrates an intact epidermis with acanthosis and hyperkeratosis; there is parakeratosis identified; the epidermis shows keratinocytic atypia and overall loss of polarity and a mild inflammatory infiltrate is present. The original utilization review (8-26-15) non-certified the request for 1 photodynamic therapy with levulan for bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 photodynamic therapy with levulan for Bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kaufmann R1, Spelman L, Weightman W, Reifenberger J, Szeimies RM, Verhaeghe E, Kerrouche N, Sorba V, Villemagne H, Rhodes LE. Multicentre Intraindividual randomized trial of topical methyl aminolaevulinate-photodynamic therapy vs cryotherapy for multiple actinic keratoses on the extremities. *Br J Dermatol*. 2008 May; 158(5): 994-9 Doi 10.1111/j.1365-2133.2008.08488x. Epub 2008 Mar 13.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/EnforcementActivitiesbyFDA/WarningLettersandNoticeofViolationLetterstoPharmaceuticalCompanies/ucm054277.pdf>.

Decision rationale: There are no applicable guidelines aminolevulonic acid and photodynamic therapy. The FDA notes that studies have only demonstrated efficacy for facial and scalp lesions. Cryotherapy has already been attempted. However, there are other options available to treat lesions on the torsos which have demonstrated efficacy that have not been attempted such as topical application of 5-FU. Therefore, this request is not medically necessary.