

Case Number:	CM15-0177658		
Date Assigned:	09/18/2015	Date of Injury:	09/12/2009
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57-year-old female who sustained an industrial injury on September 12, 2009. Diagnoses have included chronic neck, knee, low and mid back pain. She also has a diagnosis June 16, 2015 of vaginal wall prolapse. The treating physician's plan of care includes Estrace vaginal cream with 3 refills. Documentation for related symptoms or treatments is not present in provided in medical record. Request was denied August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Estrace Vag Cream 0.1 mg/gm, 30 day supply, Qty 42.5 with 3 refills of 03: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine: Vaginal estrogen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation <http://www.estracecream.com/>.

Decision rationale: Estrace Vag Cream 0.1 mg/gm, 30 day supply, Qty 42.5 with 3 refills of 03 is not medically necessary per the MTUS Guidelines and an online review of Estrace. The

MTUS Guidelines and the ODG do not specifically mention Estrace. The MTUS states that choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain machine sm involved. The physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. A review online of Estrace reveals that this medication is for treating symptoms of vulvar and vaginal atrophy. The request for 3 refills cannot be certified as medically necessary without evidence of efficacy of medication. The documentation does not reveal clear rationale or symptoms relating to the need of this medication therefore this request cannot be certified as medically necessary, therefore is not medically necessary.