

Case Number:	CM15-0070679		
Date Assigned:	04/20/2015	Date of Injury:	05/10/2011
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 36 year old female, who sustained an industrial injury on 05/10/2011. Diagnoses include sympathetic reflex dystrophy upper limb right, complex regional pain syndrome, spinal cord stimulator status, right arm pain, neuroma of hand, peripheral neuropathy, complex regional pain syndrome type 1. According to a progress report dated 02/03/2015, the injured presented with left arm pain. Pain was rated 8 on a scale of 1-10 and was sharp in nature and worse with movement. Previous treatments included cervical spine surgery, spinal cord stimulator, a stellate ganglion block to the right and left, electrodiagnostic studies and medications. Currently under review is the request for Fluticasone Propionate 100% quantity 360 and Injection Premiumscar gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluticasone Propionate 100%, quantity 360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fluticasone Propionate.
<http://www.medscape.com/viewarticle/406242>.

Decision rationale: According to Medscape, Fluticasone Propionate is indicated in case of allergy or asthma. There is no documentation that the patient is suffering from allergies. The request is not medically necessary.

Injection Premiumscar gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Materials for Wound Closure.
<http://emedicine.medscape.com/article/1127693-overview#showall>.

Decision rationale: According to Medscape, Premium Scar gel is indicated in case of the presence of scar and the need for scar removal. There is no documentation that the patient developed a scar that require the prescription of scar removal product. Therefore, the request is not medically necessary.