

Case Number:	CM15-0072242		
Date Assigned:	04/22/2015	Date of Injury:	09/27/2004
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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

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 56 year old male, who sustained an industrial injury on 9/27/2004. The mechanism of injury is not indicated. The injured worker was diagnosed as having actinic keratosis, skin cancer, and seborrheic keratoses. Treatment to date has included medications, curettage, and electrodesiccation. He is retired. The request is for metronidazole cream 0.75% #45 with 6 refills. On 3/19/2015, he is seen for follow up to removal of spots on the right temple, and hairline. He indicated some spots on his face, and forearms he wanted checked on that day. He has had superficial basal cell carcinoma in the right frontal scalp, and left trapezial areas. He reported that all the sites of removal are healed well. The treatment plan included: sun protection, liquid nitrogen to 5 actinic keratoses, continue to watch previous sites of basal cell carcinoma, follow up in 4-5 months, and prescription for Metronidazole 0.75% cream for the red areas on his face.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metronidazole Cream .75 Percent #45 with 6 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug.com.

Decision rationale: The patient was injured on 09/27/04 and presents with skin cancer, actinic keratosis, and enlarged blood vessels due to sun exposure on his face. The request is for Metronidazole cream 0.75 percent #45 with 6 refills. There is no RFA provided and the patient is currently retired. The MTUS and ODG do not discuss this topical antibiotic cream. Drug.com states that it's indicated for inflammatory papules and pustules of rosacea. The treater has asked for this topical cream to treat the patient's red areas on his face. The patient has had basal cell cancer removed along with treatments for actinic keratosis. The patient appears to have some areas of redness, possibly rosacea for which a trial of this topical cream may be reasonable. The request appears medically reasonable but the request is for 6 refills which is excessive. While it would appear reasonable to try this medication for 1 or 2 months, 6 refills are excessive. MTUS require physician monitoring for medical treatments. The request IS NOT medically necessary.