

Case Number:	CM14-0070822		
Date Assigned:	07/14/2014	Date of Injury:	10/16/2000
Decision Date:	11/10/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male who sustained an industrial injury 10-16-2000. He had been treated for radiating neck and low back pain, including use of medication. Those noted were Ultram ER, Vesicare, Omeprazole and Neurontin. On 3-31-2014, the injured worker reported itching "from medication" and the treating physician's plan of care included hydrocortisone cream 1 percent which was denied on 5-5-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocortisone 1% cream #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Hydrocortisone prescribing information.

Decision rationale: The claimant has a remote history of a work injury in October 2000 when he slipped and fell, striking his head and injuring his shoulder. He continues to be treated for

chronic pain. He has allergies to multiple medications including Ambien, Valium, morphine, hydromorphone, oxycodone, hydrocodone, Cymbalta, Butrans, trazodone, Lunesta, Depakote, and Remeron. When seen, he was having radiating neck and radiating low back pain and itching from his medications. There was an antalgic gait with use of a cane. He was in moderate distress. There was right knee tenderness and redness at the site of a recent falls. A total of 17 medications were prescribed and included Depakote, Pramoxone, and hydrocortisone cream. The claimant has itching related to medication use and has multiple medication allergies. In this case, the request is not medically necessary. There are no reported skin examination findings such as the presence or absence of a rash that would help to determine the cause of the claimant's symptoms. An evaluation of the recently medications being prescribed was not done. The claimant has a reported drug allergy to Depakote which was included as an active medication. Finally, Pramoxone was being prescribed which is duplicative. For any of these reasons, the request is not appropriate or medically necessary.