

Case Number:	CM15-0012920		
Date Assigned:	01/30/2015	Date of Injury:	08/09/1994
Decision Date:	10/28/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 9, 1994. In a Utilization Review report dated January 12, 2015, the claims administrator failed to approve a request for Silvadene cream. The claims administrator referenced an RFA form received on January 5, 2015 and an associated progress note of November 12, 2014 in its determination. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. In an RFA form dated January 5, 2015, Percocet, tramadol, Valium, and a Silvadene cream were endorsed, seemingly without much supporting rationale. The stated diagnosis on said RFA form was that of knee pain. On an associated progress note of January 5, 2015, the applicant reported ongoing complaints of knee pain. The applicant was using tramadol, Percocet, and Valium for the same. The applicant was asked to continue various medications. The Silvadene cream in question was endorsed, seemingly without any supporting rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Silver Sulfadiazine 1% Topical Cream, 1 jar/month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Workers Compensation Drug Formulary; Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Physician's Desk Reference, 68th ed.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Food and Drug Administration Indications And Usage: Silvadene Cream 1% (silver sulfadiazine) is a topical antimicrobial drug indicated as an adjunct for the prevention and treatment of wound sepsis in patients with second-and third-degree burns.

Decision rationale: No, the request for a silver sulfadiazine cream was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into its choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, neither the January 5, 2015 RFA form nor an associated progress note of the same date made any mention of why Silvadene was being prescribed. There is no mention of what diagnosis Silvadene was being employed to ameliorate. While the Food and Drug Administration (FDA) does acknowledge that silver sulfadiazine (Silvadene) is a topical antimicrobial indicated in the treatment and/or prevention of sepsis in individuals with second and third-degree burns, here, again, there was no mention of the applicant having sustained a second and/or third-degree burn on the date in question, January 5, 2015. Therefore, the request was not medically necessary.