MAXIMUS Federal Services

| Case Number: | CM13-0039031 | | |
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| Date Assigned: | 12/18/2013 | Date of Injury: | 07/05/2003 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of 7/5/03. A utilization review determination dated 9/25/13 recommends non-certification of Ultracin. A progress report dated 10/15/13 identifies subjective complaints including, "flare-up of back pain radiating down left lower extremity...left knee pain, right shoulder pain, and left foot pain and is undergoing treatment on basis of her private insurance...The patient's pain is manageable with medications. The patient's pain scores are ten out of ten without medications...." Objective examination findings identify, "slight left side favoring guarded gait...midline tenderness extending from L3-S1. Bilateral paravertebral muscle tenderness is noted. Bilateral myofascial trigger point is noted at L4 and L5 and pressure over it causes radiating localized pain. Left lumbar facet tenderness is noted. Left sacroiliac joint tenderness is noted. Thoracic spine and lumbar spine movements are restricted painful. Straight-leg-raising (sitting and lying) and Lasegue's positive left at 40 degree...left knee...mild medial and lateral tenderness. Patellar tracking mild painful. Left knee movements are normal range painful (nonindustrial)...right shoulder...mild tenderness over anterior lateral aspect...movements are less restricted, less painful (nonindustrial)...hypoalgesia noted in distribution of left L4, L5, and S1 nerve root...mild weakness of left lower extremity compared to right." Diagnoses state, "Two 16 contact trial dorsal column stimulator lead implant...hemilaminectomy L5 left side with partial hemilaminectomy left L4, left S1 with lateral recess decompression left L4-L5 and L5-S1...improved left lumbosacral radicular pain...mild left lumbar facet pain...status post radiofrequency...myofascial trigger point right and left paravertebral muscle L4-L5 bilaterally...left knee pain possibly secondary to osteoarthritis (nonindustrial)...right shoulder sprain/strain/right shoulder tendonitis (nonindustrial)...history of left foo

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Ultracin (Methyl Salicylate 28% Menthol 10 % Capsaicin 0.025%):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Regarding the request for Ultracin, California Medical Treatment Utilization Schedule (MTUS) notes that topical Nonsteroidal anti-inflammatory drugs (NSAIDs) are not recommended for neuropathic pain. There is support for short-term use in patients with osteoarthritis or tendinitis in joints amenable to topical treatment. None of the above has been documented and the request does not appear to be for short-term treatment. Additionally, capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has also not been documented. In light of the above issues, the currently requested Ultracin is not medically necessary.