

Case Number:	CM13-0045782		
Date Assigned:	12/27/2013	Date of Injury:	03/31/2007
Decision Date:	03/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The claimant is a 40 year old female who sustained an industrial accident on 03/31/2007. She is s/p cervical fusion at C5-C6 performed on 02/22/2008 and revision ACDF on 11/07/2011. Her diagnoses include chronic neck pain, chronic bilateral shoulder strain and right carpal tunnel syndrome. On exam she complains of 8/10 neck and bilateral shoulder pain. Electrodiagnostic testing 12/20/2012 revealed bilateral median neuropathy at the wrists consistent with bilateral mild severity carpal tunnel syndrome, chronic right C7 radiculopathy and C6/C7 radiculopathy. She has received treatment with medical therapy including opiates, surgery and physical therapy. She is being considered for a spinal cord stimulator trial and has been evaluated by Neurology and had a psychology evaluation. The treating provider has requested topical Ultracin 0.025%-28% QTY 120, 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin 0.0025%-28%, QTY 120, 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical capsaicin is only indicated when there is a documented intolerance to other oral agents which has not been established. Per the reviewed documentation the patient has been on multiple medications and is progressing to a spinal cord stimulator implant. Medical necessity for the requested item has not been established. The requested item is not medically necessary.