

Case Number:	CM14-0006735		
Date Assigned:	02/07/2014	Date of Injury:	07/28/2010
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 32-year-old patient with a July 28, 2010 date of injury. December 9, 2013 progress report indicated that the patient complaining of groin pain. He described pain as sharp, dull, throbbing, aching and pins and needles. The pain was rated 8/10 without medication and 6-7/10 with medication. Treatment to date was Norco, Mobic. It was noted that Ultracin was not effective, and the patient did not use it. There is documentation of a previous December 19, 2013 adverse determination, because compound formulations that contained similar ingredients, particularly Capsaicin, Boswellia Serrata Resin, were not recommended for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACIN PAIN RELIEF LOTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other anti-

epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient presented with constant aching, dull pain in the groin. His prescriptions included Ultracin. However, Ultracin is a compound medication, which contains Boswellia Serata Resin, as well as other ingredients, which are not recommended for topical use. In addition, it was noted that Ultracin was not helpful and the patient did not use it. With lack of guidelines support and lack of efficacy with previous use, indications are not established. The request for Ultracet pain relief lotion is not medically necessary or appropriate.