

Case Number:	CM14-0106082		
Date Assigned:	07/30/2014	Date of Injury:	05/19/2004
Decision Date:	09/11/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/09/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and topical compounded drugs. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for topical Ultracin lotion. The applicant's attorney subsequently appealed. In a May 13, 2013 progress note, the attending provider furnished the applicant with prescriptions for Motrin, Soma, and topical Ultracin lotion for the applicant's ongoing complaints of chronic low back pain. It was stated that the applicant was working at [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120gms with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): page 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing and reportedly successful usage of several first-line oral pharmaceuticals, including Motrin and Soma, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the Ultracin agent in question. Therefore, the request is not medically necessary.