

Case Number:	CM14-0011497		
Date Assigned:	02/21/2014	Date of Injury:	05/08/2009
Decision Date:	07/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/28/2014

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:

Patient is a 54-year-old female who has submitted a claim for cervical thoracic strain/arthrosis and possible neural encroachment; possible bilateral shoulder impingement syndrome with acromial clavicular joint arthrosis of the right, possible rotator cuff tears bilateral; bilateral carpal tunnel syndrome, left ulnar neuropathy; carpometacarpal joint arthrosis, bilaterally symmetrical, lumbosacral strain/arthrosis; severe bilateral knee degenerative arthrosis and possible medial meniscal tear; cephalgia, TMJ complaints; psychiatric complaints and gastrointestinal complaints associated with an industrial injury date of 5/8/2009. Medical records from 2013 were reviewed which revealed persistent neck, shoulder, wrists and hand pain. She has weakness in both hands. Low back pain was also persistent which radiated to her buttocks. Symptoms were aggravated with bending, twisting and turning activities as well as sitting for prolonged periods of time. Physical examination of the cervical spine showed tenderness in the midline cervical area. Spasm was noted on posterior cervical, trapezius and rhomboids. Lumbar spine examination showed slight lumbar paraspinal spasm. Examination of bilateral upper extremities revealed positive elbow flexion and Tinel tests on the left elbow. Examination of bilateral hands and wrists revealed positive Phalen's sign. Straight leg raise, FABER and FADIR tests were all negative. Treatment to date has included, home exercise program. Medications taken include, Hydrocodone, Omeprazole and Medrox cream. Utilization review from 1/22/14 denied the request for Ultracin cream because guidelines stated that any compounded drug or drug class that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical compounded ultracin cream 60 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Salicylate Topicals.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ultracin Cream contains 3 active ingredients; methyl salicylate, menthol and capsaicin. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topical are significantly better than placebo in chronic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for 1 PRESCRIPTION OF TOPICAL COMPOUNDED ULTRACIN CREAM 60 GM is not medically necessary.