

Case Number:	CM14-0116825		
Date Assigned:	08/06/2014	Date of Injury:	01/25/2001
Decision Date:	09/12/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 68 year-old individual was reportedly injured on 1/25/2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 7/10/2014, indicates that there are ongoing complaints of right upper extremity and low back pain. The physical examination demonstrated: steady gait with a wheeled walker. Low back: decreased range of motion, positive tenderness to palpation paralumbar spinal muscles. Surgery scar lumbar spine, positive tenderness to palpation sacroiliac joint bilaterally. No recent diagnostic studies are available for review. Previous treatment includes conservative treatment. A request had been made for Ultracin lotion and was not certified in the pre-authorization process on 7/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Ultracin lotion (DOS 6-2-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended." Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, the request for Ultracin Lotion is not considered medically necessary.

Ultracin lotion: Upheld

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