MAXIMUS Federal Services

Case Number:	CM14-0156927		
Date Assigned:	09/29/2014	Date of Injury:	09/06/2012
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty Interventional Spine 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 patient is a 44 year old female with an injury date of 09/06/12. Based on the 04/02/14 progress report provided by [redacted] the patient complains of right knee pain. Physical examination reveals tenderness over medial and lateral joint spaces, the quadriceps tendon and the peripatellar region. Flexion is 110 degrees and extension 0 degrees with pain and crepitus. Diagnosis 04/02/14 - right knee chondromalacia. [redacted] is requesting Ultracin topical lotion (through [redacted]). The utilization review determination being challenged is dated 09/11/14. The rationale is patient does not appear to be a candidate for Ultracin. [redacted] is the requesting provider, and he provided treatment reports from 02/14/14 - 04/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACIN TOPICAL LOTION (THROUGH [redacted]):
Upheld

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

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

Decision rationale: The patient presents with right knee pain. The request is for Ultracin topical lotion. Diagnosis dated 04/02/14 includes right knee chondromalacia. The MTUS has the following regarding topical creams (p111, chronic pain section): Topical Analgesics: These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Capsaicin, topical (MTUS p29) Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Ultracin is available in different formulations. The provider has not specified capsaicin percentage in requested topical lotion. Determination based on guidelines cannot be made due to lack of documentation. Such as, Ultracin Topical Lotion (Through [redacted]) is not medically necessary.