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| Case Number: | CM14-0158787 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 09/11/2012 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 44 year old employee with date of injury of 9/11/2012. Medical records indicate the patient is undergoing treatment for sprain/strain, cervical spine, sprain/strain thoracic spine and left shoulder strain. He has sacroiliitis on the right; muscle spasms in the neck and upper back; obesity, improving and insomnia Subjective complaints include ongoing left wrist pain but only with activity; pain in the cervical spine "achy" that radiates to the left shoulder. His left shoulder pain is constant and severe. He has difficulty reaching behind, heavy lifting, carrying, pushing or pulling. He experiences weakness of the shoulder as well as popping or grinding with rotational movement. His pain increases with repetitive stooping, squatting, and bending from the waist or sudden movements of the torso. His mid to low back pain is constant and severe with stiffness and knots throughout the paraspinal lumbar musculature. He has difficulty sleeping and getting out of bed. His headaches are frequent and the pain radiates to the base of the skull. Objective findings include tenderness to palpation with spasm on the cervical and thoracic spine. He has decreased range of motion (ROM) with pain. There was decreased ROM of the upper trapezius with tenderness. The left wrist had tenderness to palpation on the dorsal aspect. Phalen's sign was positive. Treatment has consisted of Tramadol, amitriptyline, Naproxen, Pantoprazole, Mirtazpine, Cyclobenzaprine and Exdten-C. He had 24 PT sessions with some relief. The utilization review determination was rendered on 8/26/2014 recommending non-certification of Ultracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultracin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams
<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=3b0612ee-95e2-42f5-b671-00029bb5da95>

Decision rationale: ULTRACIN according to the National Library of Medicine contains menthol, methyl salicylate and capsaicin lotion. MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Ultracin is/was not medically necessary