

Case Number:	CM14-0175825		
Date Assigned:	10/28/2014	Date of Injury:	03/15/2012
Decision Date:	12/10/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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:

This is a 49-year-old male patient who reported an industrial injury to the back on 3/15/2012, over 2 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of increased lower back pain radiating to the right lower extremity along with pain and associated tingling, numbness, and weakness. The patient also reported increased neck pain while looking down or with prolonged movements. The patient complained of numbness to the hands every morning along with muscle spasms to the mid and lower back. The objective findings on examination included slow guarded antalgic gait midline tenderness from C3-C6; bilateral cervical facet tenderness noted at C2-C3, C5-C6; pain with cervical spine range of motion; midline tenderness from T3-T7; paravertebral muscle and thoracic facet tenderness noted; positive SI joint tenderness; reported positive SLR; sensory examination demonstrated altered sensation on the right lower extremity; motor examination demonstrated weakness on the right lower extremity. The patient was prescribed Norco 10/325 mg; Ultram 150 mg ER; Soma 350 mg TID; Gabapentin 600 mg Q ID; Cymbalta 30 mg per day; and Ultracin topical compounded cream. The diagnoses included flexion/extension automobile injury of the cervical spine, thoracic spine, and lumbar spine; possible lumbar discogenic pain; possible bilateral lumbar facet pain L4-L5 and L5-S1 left greater than right; possible lumbar sprain/strain; lumbar discectomy with worsening of back with radiating right lower extremity pain; resolve left lumbosacral radicular pain; possible thoracic discogenic pain; possible left thoracic T4-T5 and T5-T6 thoracic sprain strain; possible cervical discogenic pain; possible bilateral cervical strain/sprain; stress syndrome. The treatment plan included continuation of medications and the renewed prescription of Ultracin 4 oz. one tube applied qid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin 4 oz tube #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111,112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines anti-inflammatory medications, muscle relaxants, topical analgesics, and topical Capsaicin Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter Cyclobenzaprine; muscle relaxants; topical analgesics; and topical analgesics compounded

Decision rationale: The prescription for the topical compounded cream Ultracin (capsaicin, methyl salicylate, menthol) 4 oz. #1 is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams; however, there is no functional assessment and no quantitative decrease in pain documented. Evidence-based guidelines report that compounded drugs are not evaluated for safety or efficacy by the federal FDA. According to the FDA, compounded drugs carry significant health risk that can lead to permanent injury or death. The prescribed topical analgesic is not demonstrated to be medically necessary for the treatment of the cited diagnoses of this patient. The use of topical compounded analgesics is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs or the prescribed analgesics. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical compounded cream Ultracin (Capsaicin, Methyl Salicylate, Menthol) 4 oz. #1 is not medically necessary for the diagnosis of chronic pain.