

Case Number:	CM14-0024803		
Date Assigned:	06/13/2014	Date of Injury:	01/18/2012
Decision Date:	08/13/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 48-year-old female who reported an injury on 01/18/2012. The mechanism of injury is unknown. The injured worker complained of right knee pain and swelling. She stated that she felt her right knee would give out on her. There was no measurable pain level documented. The physical examination dated 01/28/2014 revealed that the right knee had tenderness to palpation. There was mild to moderate diffused swelling. There was also pain with range of motion. There was no motor strength documented or actual range of motion findings documented as well. An MRI dated 12/16/2013 revealed that there was a 2 mm left foraminal disc protrusion at the L4-5, mild facet arthropathy at L4-5 with no central canal narrowing, and mild facet arthropathy at L5-S1. The injured worker has diagnoses of lumbar spine sprain/strain, medial facet at the L4-5, status post right knee scope done in 10/2012. The past medical treatment includes Synvisc injections and medication therapy. The medications include a prescription for Ultracin topical lotion 120 mg. The rationale and the request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRACIN TOP LOTION 120 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 28, 105.

Decision rationale: The request for a prescription of ultracin top lotion 120 mg is not medically necessary. The injured worker complained of right knee pain and swelling. She stated that she felt her right knee would give out on her. There was no measurable pain level documented. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Many agents are compounded as monotherapy or in combination for pain control; however, 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, therefore, is not recommended. Furthermore, there is no literature to support efficacy, any advantage over over-the-counter medication or other medications already being prescribed. Ultracin consists of capsaicin 0.025%, methyl salicylate 28%, and menthol 10%. Capsaicin is a medication that is only recommended as an option in patients who have not responded or are intolerant to other treatments. Topical capsaicin has moderate to poor efficacy. Methyl salicylate topicals are significantly better than placebos in chronic pain. The submitted report does not indicate that the injured worker had any signs of neuropathic pain nor failed any NSAID therapy. The report lacked any evidence of the injured worker having tried an initial trial of conservative care. There was no rationale as to why the injured worker would not benefit from any oral medications instead of the topical lotion requested. The dose and frequency for the proposed medication was not provided in the request. The proposed compound product is not recommended. As such, the request for a prescription for Ultracin topical lotion 120 mg is not medically necessary.