

Case Number:	CM14-0027453		
Date Assigned:	06/13/2014	Date of Injury:	01/25/2006
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 39 year old female who was injured on 1/25/2006. The diagnoses are right shoulder pain, neck, thoracic and lumbar spine pain. There are associated diagnoses of headache, anxiety and depression. The past surgical history is significant for right shoulder rotator cuff surgery and right carpal tunnel surgery. On 4/10/2014, [REDACTED] noted that the anxiety and depression had gotten worse since the treating psychiatrist, [REDACTED] moved away. A Referral to another psychiatrist is pending approval. The current medications are Xanax for anxiety and Ultracin cream for pain. The patient was noted as being unable to tolerate oral medications but no detail on medication side effects was provided. A Utilization Review determination was rendered on 2/13/2014 recommending non certification for Ultracin cream 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACIN CREAM 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24
Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and small joints osteoarthritis. Topical analgesic preparations can be utilized for neuropathic pain when trial of anticonvulsants and antidepressants have failed. The Ultracin preparation contains methyl salicylate 28%, menthol 10% and capsaicin 0.025%. The record does not show that this patient who have a history of significant co-existing history of depression and anxiety have been treated with first line antidepressant medications. The guideline does not recommend compound preparations containing drug or drug classes that are not approved in compound formulations such as menthol. The criteria for the use of Ultracin cream 120gm was not met. Therefore, the request is not medically necessary.