

<b>Case Number:</b>	CM14-0030468		
<b>Date Assigned:</b>	06/18/2014	<b>Date of Injury:</b>	09/18/1999
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 injured worker is a 59-year-old female injured on September 18, 1999 while pulling down a Murphy bed. Neither the specific injury sustained nor the initial treatments rendered were discussed in the documents provided. There were no clinical notes provided for review. The initial request for Ultracin lotion (DOS: 1/13/2014) was initially non-certified on February 20, 2014 by Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE RETROSPECTIVE REQUEST ULTRACIN LOTION (DOS: 01/13/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 105.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Ultracin is noted to contain capsaicin, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There were no clinical records submitted for review limiting the

ability to substantiate the medical necessity of the requested medication. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request is not medically necessary.