

Case Number:	CM14-0033335		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2013
Decision Date:	12/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/17/2014

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 Occupational 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 claimant injured his right wrist on 07/05/13 when he caught his foot caught in a strap that was hanging from his truck. Ultracin lotion is under review. His diagnoses are right wrist sprain with fracture of the distal radius status post ORIF which has healed. He has residual limited range of motion. He has been prescribed medications including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and ketoprofen cream which was denied by a reviewer. He had an AME on 04/24/14. He had intermittent right wrist pain at the top of the wrist. It was improved with resting. He was not taking any medications. He had minimal diffuse palpable tenderness throughout the right wrist. He completed 24 sessions of PT. He received an impairment rating. On 02/04/14, he reported improvement since his last visit. He was not taking pain medication but was using an ointment. Ultracin lotion was to be continued. On 02/01/14, he was prescribed oral medications. He reported some improvement with Medrol. He was not taking any medications but Ultracin was prescribed. He has been given the same medications on multiple occasions. On multiple occasions, also, he was not taking any medications and there is no documentation of side effects or lack of medication effectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Lotion (Terocin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for topical pain medication Ultracin lotion (Terocin), instructions for use and quantity unknown. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant was also prescribed other medications with no documentation of intolerance or lack of effectiveness. There is no history of trials of first line medications, including acetaminophen, or trials of local modalities such as ice or heat, along with exercise. The medical necessity of this request for Ultracin lotion has not been clearly demonstrated.