

<b>Case Number:</b>	CM14-0040861		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of December 2, 2002. A utilization review determination dated March 22, 2014 recommends noncertification of Ultracin topical lotion. The utilization review determination recommends certification of Prilosec, Neurontin, and Tylenol # 4. A progress report dated March 10, 2014 includes subjective complaints indicating that the patient remains the same since the last exam. Objective examination findings identify tenderness to palpation and muscle guarding over the paraspinal musculature. There is also reduced range of motion in the lumbar spine. The diagnoses include lumbar musculoligamentous sprain/strain. The treatment plan recommends Tylenol #4, Prilosec, and Neurontin. Additionally, there is a recommendation for Ultracin which is due to the patient being unable to tolerate oral NSAIDs, and reportedly having failed TCA's and anticonvulsant medications for the treatment of neuropathic pain. A progress report dated January 29, 2014 includes subjective complaints of back pain and knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin topical lotion 120ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Ultracin, Terocin is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is a box check indicating that the patient is unable to tolerate NSAIDs. However, it is unclear why the patient is unable to tolerate NSAIDs, and if they were trialed with prophylactic medication to address any G.I. symptoms. Additionally, the note indicates that the patient has failed antiepileptic drugs to treat neuropathic pain. The patient is currently utilizing Neurontin, which would seem to indicate that the patient has not failed antiepileptic drug for neuropathic pain. Additionally, there are no recent progress reports identify any subjective complaints that could be attributable to neuropathic pain or objective findings supporting such a diagnosis. In the absence of clarity regarding those issues, the currently requested Ultracin is not medically necessary.