

<b>Case Number:</b>	CM14-0041215		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 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 47 year old female whose reported date of injury is February 25, 2008. The mechanism of injury is described as a trip and fall. The clinical note dated October 07, 2013 indicates the injured worker complaining of increasing low back pain and her inability to adequately control the low back pain with the use of Ibuprofen 600 milligrams. At that time, the treating physician deemed the injured current complaint of low back pain as a flare up and subsequently ordered a short course of physical therapy at twelve visits over four weeks to the low back. The treating physician also prescribed Norco 2.5 milligrams 60 tabs daily, Fexmid 7.5 milligrams 60 tabs twice daily, and Dendracin topical. This request is for Ultracin to include its shipping and handling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin 28/10/0.025%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics p.111 Page(s): 111.

**Decision rationale:** Ultracin contains Methyl salicylate 28%, Menthol 10%, and Capsaicin 0.025%. According to the California MTUS Guidelines, Topical analgesics are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The same guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the CA MTUS Guidelines, on Topical analgesic, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In the absence of documented failure of other medication and any significant treatment intolerance, the request is not medically necessary according to the guidelines. Such as, Ultracin 28/10/0.025% is not medically necessary.

**Shipping and handling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p.111 Page(s): 111.

**Decision rationale:** Ultracin contains Methyl salicylate 28%, Menthol 10%, and Capsaicin 0.025%. According to the California MTUS Guidelines, Topical analgesics are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The same guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the CA MTUS Guidelines, on Topical analgesic, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In the absence of documented failure of other medication and any significant treatment intolerance, the request is not medically necessary according to the guidelines. Such as, Ultracin 28/10/0.025% is not medically necessary.