

Case Number:	CM14-0042737		
Date Assigned:	06/30/2014	Date of Injury:	09/23/2012
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/09/2014

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 patient is a 48-year-old female who has submitted a claim for right knee sprain/strain with moderate to severe osteoarthritis/effusion, and right Achilles tendon strain secondary to altered gait associated with an industrial injury date of September 23, 2012. Medical records from 2013-2014 were reviewed. The patient complained of right ankle and knee pain and stiffness. Physical examination showed tenderness of the medial and lateral joint line with slight swelling. Crepitus was noted. There was tenderness of the right Achilles tendon and with increased pain on ankle extension. Imaging studies were not available for review. Treatment to date has included medications, aqua therapy, acupuncture, home exercise program, and activity modification. Utilization review, dated March 26, 2014, denied the request for 1 prescription of Ultracin 28/10/0.025%, 120gm between 2/25/2014 and 2/25/2014 because it contains menthol, and the topical use of menthol for chronic pain is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ultracin 2/10/0.025%, 120gm between 2/25/2014 and 2/25/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; Salicylate Topicals.

Decision rationale: As stated on pages 111-113 of the MTUS Chronic Pain Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ultracin Cream contains 3 active ingredients; methyl salicylate, menthol and capsaicin. Regarding the Methyl Salicylate component, the MTUS Chronic Pain Guidelines states on page 105 that salicylate topical are significantly better than placebo in chronic pain. Regarding the Menthol component, the MTUS Chronic Pain Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Capsaicin component, the MTUS Chronic Pain Guidelines identify on page 28 that topical Capsaicin is only recommended as an option when there was failure to respond to other treatments. In this case, there was no mention of the patient being intolerable to oral medications. There is no discussion in the documentation concerning the need for use of topical analgesics. Therefore, the request is not medically necessary.