

Case Number:	CM14-0045512		
Date Assigned:	06/27/2014	Date of Injury:	08/07/2010
Decision Date:	07/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy and chiropractic manipulative therapy; earlier lumbar decompression and laminectomy surgery, multilevel, on January 16, 2014; and a spinal cord stimulator. In a Utilization Review Report dated March 27, 2014, the claims administrator approved a request for Norco, approved a request for Colace, and denied a request for topical compounded Ultracin ointment. The applicant's attorney subsequently appealed. A March 5, 2014 progress note is notable for comments that the applicant was reportedly doing well following the recent lumbar spine surgery. The applicant was asked to begin postoperative physical therapy. The applicant's medication list was not clearly stated on this occasion. A handwritten February 28, 2014 progress note was somewhat difficult to follow, not entirely legible, notable for comments that the applicant was placed off of work, on total temporary disability. A topical compounded Ultracin lotion, Neurontin, Naprosyn, and Norco were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ultracin 28/10/0.025%, 120gm (Retrospectively requested for Date of Service 3/4/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Salicylate Topicals; Menthol; Capsaicin.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of an anticonvulsant adjuvant medication, gabapentin, effectively obviates the need for the topical compounded Ultracin agent. Therefore, the request was not medically necessary.