

<b>Case Number:</b>	CM14-0050017		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/22/2005
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old male injured on 06/22/05 due to an undisclosed mechanism of injury. Clinical documentation dated 01/03/14 indicates the injured worker reported recent injury when scratched by a dog on 09/03/13 resulting in left knee pain and intermittent swelling with minimal relief following steroid injection. Diagnoses include left knee joint pain. Physical examination reveals decreased range of motion, swelling, effusion and tenderness. The injured worker was prescribed Norco for pain. The initial request for Ultracin 28% 10%/0.025% 120g was initially non-certified on 04/09/14.

### 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%, 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines the safety and efficacy of compounded medications Page(s): 105.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states, the safety and efficacy of compounded medications have not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Ultracin is noted to contain capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Ultracin 28%/10%/0.025%, 120gm cannot be recommended as medically necessary.