

Case Number:	CM14-0053669		
Date Assigned:	07/07/2014	Date of Injury:	06/15/2011
Decision Date:	08/28/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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 patient is 42-year-old male who has submitted a claim for severe pain in the lower back associated from an industrial injury date of June 15, 2011. Medical records from 2013-2014 were reviewed, the patient complained of persistent headaches and low back pain. Pain radiated to the bilateral lower extremities and was rated at 9/10. Physical examination revealed tenderness and spasm with a palpable band at the right lumbar spine and the mid-lumbar spine. Lumbar range of motion is limited. Patient uses a cane to ambulate. Treatment to date has included oral analgesics, opioid medications, topical medications and epidural injections. Utilization review from April 1, 2014 denied the request for Retrospective Ultracin (duration unknown and frequency twice daily) on 2/10/14 because its Capsaicin component is not recommended by the guidelines for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultracin (duration unknown and frequency twice daily) on 2/10/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28-29; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Ultracin is composed of Methyl salicylate, Menthol and Capsaicin. Regarding these components, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over-the-counter (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the active component Menthol, guidelines state that its salicylate topical. Methyl salicylate is recommended. It further states that it is significantly better than placebo in treating chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments. In this case, patient was prescribed the compound topical cream last February 2014. However, there was no mention regarding the therapeutic indication for the use of this medication. There was no evidence of failure or intolerance to oral medications that may warrant such treatment. The medical necessity cannot be established due to insufficient information. Therefore the request for Retrospective Ultracin (duration unknown and frequency twice daily) on 2/10/14 was not medically necessary.