

Case Number:	CM14-0065031		
Date Assigned:	07/11/2014	Date of Injury:	02/02/2001
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 63-year-old female who reported an injury on 02/02/2001 due to a fall. On 12/05/2013, the injured worker presented with lumbar spine and bilateral knee pain. Upon examination, there was decreased range of motion to the lumbar spine, tenderness to palpation over the bilateral medial and lateral patella, and crepitus present. Diagnoses were lumbar spine sprain/strain and status post bilateral knee surgery. The prior therapies included Synvisc injections. The provider recommended a retrospective request for Ultracin. The provider's rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription for Ultracin 28/10/0.025% 120gm (DOS 3/4/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications (Ultracin); Capsaicin, topical; Salicylate topicals; Nonsteroidal Anti-inflammatory Drugs (NSAIDs).

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in with few randomized control trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines note that capsaicin is recommended for injured workers who are unresponsive or intolerant to other medications. Methyl Salicylate is recommended in the guidelines. The included documentation does not indicate that the injured worker is unresponsive or intolerant to other medications that would warrant capsaicin. Additionally, the provider's request does not indicate the quantity or frequency of the medication or the site that is intended for in the request as submitted, As such, the request is not medically necessary.