

Case Number:	CM14-0084471		
Date Assigned:	07/25/2014	Date of Injury:	09/18/2012
Decision Date:	09/26/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/06/2014

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 Management 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:

According to the records made available for review, this is a 36-year-old male with a 9/18/12 date of injury. At the time (5/17/14) of request for authorization for Prescription drug, generic, there is documentation of subjective (neck pain and shoulder pain, pain rated 9-10/10 without medications, 6-8/10 with medications) and objective (tenderness to palpation right shoulder) findings, current diagnoses (pain in joint, shoulder; cervical degeneration, and postlaminectomy syndrome of the cervical spine status post anterior decompression and attempt fusion, possible hardware complications, degenerative disc disease and possible disc protrusion of the cervical spine, left shoulder pain likely due to subacromial impingement syndrome associated with a rotator cuff tendinitis and acromioclavicular joint arthritis, opiate dependence), and treatment to date (physical therapy, injections, and medications (including Norco and Opana)). 5/17/14 PA determination identifies request is for retrospective medication Ultracin lotion (duration unknown and frequency unknown). There is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion, prescription drug, generic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of pain in joint, shoulder; cervical degeneration, and postlaminectomy syndrome of the cervical spine status post anterior decompression and attempt fusion, possible hardware complications, degenerative disc disease and possible disc protrusion of the cervical spine, left shoulder pain likely due to subacromial impingement syndrome associated with a rotator cuff tendinitis and acromioclavicular joint arthritis, opiate dependence. In addition, 5/17/14 PA determination identifies request is for retrospective medication Ultracin lotion (duration unknown and frequency unknown). However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Ultracin lotion, prescription drug, generic is not medically necessary.