

Case Number:	CM14-0132893		
Date Assigned:	11/03/2014	Date of Injury:	07/06/2012
Decision Date:	04/22/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 represented 50-year-old [REDACTED] employee, who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of July 6, 2012. In a Utilization Review Report dated July 22, 2014, the claims administrator failed to approve a request for a topical compounded Ultracin lotion. A July 10, 2014, progress note was referenced in the determination. The applicant's attorney subsequently appealed. Medication selection and/or medication efficacy were not explicitly discussed on a May 14, 2014, office visit. The applicant reported ongoing complaints of neck and shoulder pain. The applicant apparently received trigger point injections in the clinic setting. The applicant was using Tylenol, Flexeril and tramadol, in addition to the topical compounded agent at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Topical Lotion 120ml: 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 Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine

DailyMed's database - ULTRACIN- menthol, methyl salicylate (dailymed.nlm.nih.gov) as well as the FDA Guidance's & Info.

Decision rationale: Ultracin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, menthol and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Tylenol, tramadol, Flexeril, etc., effectively obviate the need for the capsaicin-containing Ultracin lotion at issue. Therefore, the request was not medically necessary.