

Case Number:	CM14-0178496		
Date Assigned:	12/12/2014	Date of Injury:	02/04/2010
Decision Date:	01/15/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Pain Management, and is licensed to practice in Georgia. 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 a 56-year-old female presenting with a work-related injury on October 4, 2010. The patient being treated for multiple chronic musculoskeletal complaints. Patient was diagnosed with bilateral wrist tendinitis, issue bilateral carpal tunnel release, right elbow medial/lateral epicondylitis, issue lateral release, right shoulder sprain/strain with mild impingement, cervical spine sprain/strain with degenerative disc disease, facet osteoarthritis, disc protrusion/holes, stenosis and osteophyte formation, lumbar spine sprain/strain left lower extremity radiculitis, left knee sprain, and left ankle sprain. On the most recent office visit the patient complained of low back pain radiating into the left lower extremity and right elbow pain and weakness. The physical exam was significant for slight right elbow slowly, primarily medially, right, surgical scar, tenderness over the medial greater than lateral epicondyle, the lateral epicondylitis, Tinel's sign, tender lumbar spine muscle with guarding and decreased range of motion, positive straight leg raise test, decreased additional of the left L5 dermatomal. A claim was made for Ultracin Lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin topical lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Ultracin Topical Lotion is not medically necessary. Ultracin contains methyl salicylate 28%, menthol 10% and capsaicin 0.025%. According to California MTUS, chronic pain section, page 111 does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary.