

Case Number:	CM14-0187325		
Date Assigned:	11/17/2014	Date of Injury:	12/04/2002
Decision Date:	01/06/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 64-year old female with a date of injury of 12/4/02. The listed diagnoses are: 1) Bilateral elbow medial and lateral epicondylitis 2) Bilateral wrist flexor and extensor tendinitis 3) s/p right and left CTR 20044) s/p right 5th digit trigger release 2006 and left trigger thumb release 2004 According to progress report the patient presents with bilateral elbow and bilateral hand/wrist complaints. Examination of the elbow revealed tenderness to palpation over the medial and lateral epicondyles and positive Cozen's test. There is grade 4/5 weakness and resisted supination and pronation, bilaterally. Examination of the bilateral wrist/hands revealed well-healed surgical scars consistent with multiple prior surgeries. There is tenderness to palpation over the flexor and extensor tendons, bilaterally. Palpation is notable for nodule over the A1 pulley of the left fifth digit. The treater recommended the topical lotion Ultracin 120ml. The utilization review denied the request on 10/27/14. Treatment reports from 3/10/14 through 9/26/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Lotin 120mL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113.

Decision rationale: This patient presents with bilateral elbow and bilateral hand/wrist complaints. The current request is for Ultracin Lotion 120ml. Ultracin topical lotion includes menthol salicylate 28%, menthol 10%, and capsaicin 0.025%. The MTUS Guidelines page 111 has the following regarding topical creams, Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety. MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. This is an initial request for this topical lotion. This patient presents with elbow and wrist symptomologies, which meets the indication for use of Ultracin lotion. A trial of this medication is reasonable to determine its efficacy in terms of pain relief and functional improvement. Therefore, Ultracin Lotion 120mL is medically necessary.