

Case Number:	CM14-0202299		
Date Assigned:	12/12/2014	Date of Injury:	10/24/2014
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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 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 43 year old female with the injury date of 10/24/14. The treater provided one simple report which contains very little information regarding the patient's condition, treatment's history, medications. Per physician's report 11/10/14, the patient has pain in his shoulders, elbows, wrists and hands bilaterally with numbing and tingling. His right/ left shoulder flexion is 170 degrees, extension is 45 degrees, abduction is 170 degrees, adduction is 40 degrees, internal/external rotation is 80 degrees. There is palpative tenderness over the medial epicondyles bilaterally. Tinell's test is positive on the right side. Sensation to pinprick and light touch in the bilateral upper extremities demonstrates a decrease sensation in the right median and ulnar nerve distribution. The patient is able to perform usual work. The lists of diagnoses are:1) Bilateral shoulder perscapular strain2) Bilateral elbow sprain with medial epicondylitis and right cubital tunnel syndrome3) Bilateral wrist flexor/ extensor tendinitis with right carpal tunnel syndromeThe treater requested Ultracin, topical analgesic for inflammation and pain. Per the utilization review letter 11/19/14, the patient has tried over-the counter medications and worn her brace with little benefit. The utilization review determination being challenged is dated on 11/19/14. One treatment report was provided on 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin topical analgesic, one month supply: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with pain in his shoulders, elbows, wrists and hands bilaterally. The request is for Ultracin Topical Analgesic, one month supply. There is no indication of the patient's medications, except over-the-counter medications. Ultracin topical lotion includes methyl 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 but states that they are typically effective for short-term only with no studies done to show long-term efficacy. This patient presents with bilateral wrist flexor/ extensor tendinitis, and a trial of Ultracin lotion appear reasonable. The request is medically necessary.