

<b>Case Number:</b>	CM14-0207336		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, 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 54 year old male with an injury date on 12/20/04. The patient complains of continued severe low lumbar pain that is often exacerbated at night, and causes patient to sleep on the floor per 8/19/14 report. The patient has completed his physical therapy following a carpal tunnel release surgery, which the patient is happy with per 8/19/14 report. The patient had an acute exacerbation of back pain per 3/20/14 report. Based on the 8/19/14 progress report provided by the treating physician, the diagnoses are: 1. s/p right carpal tunnel release 2. multilevel HNP L-spine with facet arthropathy and foraminal stenosis 3. obesity: s/p gastric bypass 4. Depression 5. sleep disorder 6. internal medicine diagnosis. A physical exam on 8/19/14 showed "L-spine range of motion is restricted, with forward flexion at 45 degrees. Mildly positive straight leg raise bilaterally." The patient's treatment history includes medications, physical therapy. The treating physician is requesting topical ultracin lotion #120g Ref: 2. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 1/30/14 to 8/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Ultracin lotion #120 g Refill: 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine; Salicylate topicals Page(s): 111-113; 105.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for topical Ultracin lotion #120g ref: 2 on 8/19/14. Ultracin is Methyl salicylate 28%; menthol 10%; and capsaicin 0.025%. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate, a non-steroidal anti-inflammatory drug (NSAID), is indicated for peripheral joint arthritis/tendinitis while Capsaicin is indicated for most chronic pain condition. In this case, the patient presents with chronic back pain, and not peripheral joint arthritis/tendinitis. Since methyl salicylate is not supported by MTUS guidelines for this condition, the entire topical product (Ultracin) would not be indicated. The request is not medically necessary.