

<b>Case Number:</b>	CM14-0209291		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/18/2001
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Occupational Medicine, and is licensed to practice in Michigan and Arizona. 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 injured worker is a 43 year old female with cumulative trauma dates from 6/18/2001-10/24/2014. On 11/10/2014 she had her first report of injury. Her complaints include bilateral wrist and hand pain with numbness and tingling, bilateral elbow pain, bilateral shoulder pain. Her physical exam of the shoulders was positive for tenderness to palpation over the periscapular musculature, there is slight sub-acromial crepitus with passive ranging, impingement and cross arm test elicit posterior pain bilaterally. range of motion is essentially normal in all planes, elbow exam was significant for tenderness to palpation over the medial epicondyles bilaterally, cozens sign is very slightly positive bilaterally, tinels test is positive on the right, wrist exam was positive for tenderness to palpation over the flexor and extensor tendons and the right first carpometacarpal joint, tinels test is negative, phalens test is positive on the right, Finkelsteins test is negative and range of motions appears mildly limited, sensory exam demonstrates decreased sensation in the right median and ulnar nerve distribution, grip strength was reduced bilaterally and reflexes in biceps, triceps and brachioradialis were all normal. Her diagnoses include bilateral shoulder periscapular strain, bilateral elbow sprain with medial epicondylitis and right cubital tunnel syndrome, bilateral wrist flexor/extensor tendinitis with right carpal tunnel syndrome. The request is for ultracin topical analgesic x 1 month supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin topical analgesic x 1 month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals. Topical analgesics. Page(s): 104,111-113.

**Decision rationale:** Per MTUS Topical analgesics are recommended as an option, especially for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. Their advantage is the lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little research to support the use of many of these agents, any compounded product that contains at least one drug class that is not recommended is not recommended. Ultracin is a combination of methyl salicylate, capsaicin and menthol. Salicylate Topicals are recommended for chronic pain, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Neither the MTUS, ACOEM, ODG or NGC address the use of menthol as a topical analgesic, nor does it address compounding of the three meds for topical use. A review of the injured workers medical records do not reveal a failed trial of first line antidepressants or anticonvulsants and therefore the request for Ultracin topical analgesic x 1 month supply is not medically necessary.