

Case Number:	CM15-0007011		
Date Assigned:	01/22/2015	Date of Injury:	02/05/2004
Decision Date:	03/17/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 56-year-old female, with a reported date of injury of 02/05/2004. The diagnoses include bilateral forearm/wrist overuse tendency, status post right carpal tunnel release, status post left carpal tunnel release, bilateral wrist De Quervain's, and right shoulder pain. Treatments have included multiple injections to the bilateral wrist. The progress report dated 12/19/2014 was handwritten and partially legible. The injured worker complained of numbness and tingling in the right arm. It was indicated that the injured worker's conditions remained the same as the last examination. The injured worker rated his pain 4-8 out of 10, without medication and 2-7 out of 10 with medications. The objective findings include bilateral forearm/wrist painful range of motion, and decreased sensation of the median nerve. It was checked off that the injured worker could not tolerate oral non-steroidal anti-inflammatory drugs (NSAIDs), had a history of cardiac or renal disease and could not use NSAIDs, was being treated for tendinitis, and treated for neuropathic pain and has failed tricyclic antidepressants (TCAs) and anticonvulsant medications. The topical medication was requested to help with activities of daily living and improve participation in the home exercise program. The current medication list was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics. Page(s): pages 111-112.

Decision rationale: Request: Ultracin lotion 120ml Ultracin lotion 120ml contains methyl salicylate, menthol, capsaicin. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The current medication list was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The detailed therapy with drug name, dose and duration of tricyclic antidepressants (TCAs) and anticonvulsant medications was not specified in the records provided. Any lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical Capsaicin and menthol are not recommended in this patient for this diagnosis. The medical necessity of the request for Ultracin lotion 120ml is not fully established in this patient.