

Case Number:	CM15-0102646		
Date Assigned:	06/05/2015	Date of Injury:	02/22/2012
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: Pennsylvania
 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 60 year old female who sustained a work related injury February 22, 2012. A metal part of a desk crashed and fell on her left knee. She was initially treated with medication, a brace, and crutches for 2 months. Past history included diabetes, s/p left knee arthroscopy, partial meniscectomy, and debridement, 4/16/2014. According to a primary treating physician's progress report, dated April 9, 2015, the injured worker presented with complaints of pain in the left knee. She is awaiting authorization for a knee brace system. The pain is rated 6/10, and described as constant and sharp with weakness. Objective findings included; 2 well healed portal scars and slight swelling with tenderness. The handwritten notes are difficult to decipher. Diagnoses are s/p arthroscopy and degenerative joint disease. Treatment plan included awaiting knee brace system, medication, and at issue, the request for authorization for Ultracin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin topical lotion 120mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics/Salicylate topicals Page(s): 105 and 111-113.

Decision rationale: Ultracin is a compounded topical analgesic consisting of methyl salicylate, menthol, and capsaicin. Methyl salicylate is discussed under topical salicylates in the MTUS and is recommended. Bengay is specifically referred to and recommended under topical salicylates and contains menthol as well. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation in the medical record that this was true in this case. There is no record of failure or intolerance to other treatments. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since capsaicin is not medically necessary in this case, this compounded medication as a whole is not recommended or medically necessary.