

Case Number:	CM15-0103093		
Date Assigned:	06/05/2015	Date of Injury:	06/07/2011
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 6/7/2011. The mechanism of injury is not detailed. Diagnoses include carpal tunnel syndrome with release, pain in joint of hand, enthesopathy of the wrist, reflex symptomatic dystrophy, complex regional pain syndrome of the right upper extremity, and chronic tenosynovitis of the right upper extremity. Treatment has included oral medications, TENS unit therapy, home exercise and stretching program, and surgical intervention. Physician notes dated 4/29/2015 show complaints of right hand pain rated 9/10. Recommendations include daily stretching and exercising, keep a pain diary, Gabapentin, Tramadol ER, Vicodin, continue use of TENS unit at home, trial Ultracin cream, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Lotion 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded opioid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this opioid for this chronic injury without improved functional outcomes attributable to their use. It is also unclear why the patient is being prescribed concurrent opioid, posing an increase risk profile without demonstrated extenuating circumstances and indication. The Ultracin Lotion 120 grams is not medically necessary and appropriate.