

Case Number:	CM15-0140910		
Date Assigned:	07/30/2015	Date of Injury:	11/09/2011
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker is a 56-year-old female, who sustained an industrial injury on November 9, 2011. The injured worker reported pain to her neck, bilateral shoulders, bilateral elbows and bilateral wrists. She was diagnosed with bilateral wrist strain, bilateral elbow strain, bilateral shoulder strain and cervical spine strain. Treatment to date has included steroid injection into the shoulder, and topical creams. Currently, the injured worker reports significant improvement following a cortisone injection to her shoulder. She has full range of motion of the bilateral shoulder and a mildly positive impingement sing. Her bilateral shoulder strength is intact. She has negative bilateral straight leg raise tests. Her lumbar spine range of motion is forward flexion to 65 degrees, extension to 10 degrees, lateral bending to 30 degrees. Her cervical spine range of motion is extension to 20 degrees and lateral rotation to 70 degrees bilaterally. The diagnoses associated with the request include fibromyalgia syndrome, cervical myofascial pain, bilateral shoulder impingement syndrome, and lumbosacral strain. The treatment plan includes Ultracin lotion, work restrictions and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120 grams with 2 refills: Upheld

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

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

Decision rationale: The patient was injured on 11/09/11 and presents with pain in her cervical spine, lumbar spine, and bilateral shoulders. The request is for ULTRACIN LOTION 120 GRAMS WITH 2 REFILLS. The RFA is dated 04/28/15 and the patient may continue to work within her current restrictions of no repetitive movements of the head or neck, no overhead work, a maximum of 6 hours keying in an 8-hour work day performed at a maximum of 1 hour at a time. At this point, she may work up to a 10-hour workday. MTUS Guidelines, under Topical Analgesics, page 111 states the following regarding Capsaicin: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The patient has a positive impingement sign of the bilateral shoulders, a limited lumbar spine range of motion, and a limited cervical spine range of motion. She is diagnosed with fibromyalgia syndrome, internal medicine diagnosis, psychological diagnosis, cervical myofascial pain, bilateral shoulder impingement syndrome, and lumbosacral strain. The reason for the request is not provided and the treater does not discuss why the ointment was chosen over other topical creams. MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Furthermore, MTUS Guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the requested Ultracin topical lotion IS NOT medically necessary.