

Case Number:	CM15-0148208		
Date Assigned:	08/11/2015	Date of Injury:	09/27/2011
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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: Preventive Medicine, Occupational Medicine

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 injured worker is a 40 year old female who reported an industrial injury on 9-27-2011. Her diagnoses, and or impression, were noted to include: bilateral carpal tunnel syndrome; left de Quervain's stenosing tenosynovitis; overuse syndrome of the bilateral upper extremities; elbow tendinitis. Recent magnetic imaging studies of the lumbar were said to be done on 2-17-2015. Her treatments were noted to include medication management; and a return to regular duty work. The progress notes of 4-28-2015 reported a re-evaluation for continued complaints of pain, numbness and tingling in the bilateral hands and wrists, with occasional pain in the left thumb when gripping and grasping, and elbow pain; as well as her desire to avoid narcotic pain medication and oral anti-inflammatories due to gastric upset. Objective findings were noted to include slight tenderness over the left thumb compartment, with mildly positive Finkelstein's test; and slight tenderness over the lateral epicondyle of the left elbow. The physician's requests for treatments were noted to include Ultracin lotion, as needed, for acute exacerbations in order to avoid oral pain medication and anti-inflammatories.

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 Capsaicin section, Topical Analgesics Section Page(s): 28, 111-113.

Decision rationale: Per manufacturer's information, Ultracin lotion is a combination topical analgesic with active ingredients that include capsaicin, menthol, and methyl salicylate. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. Capsaicin is not considered a first-line treatment and there is no indication that the injured worker has tried and first line agent and failed. The request for Ultracin lotion 120 grams with 2 refills is determined to not be medically necessary.