

<b>Case Number:</b>	CM15-0182563		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/05/2015
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Arizona, 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 73 year old female, who sustained an industrial injury on 8-5-15. The injured worker was diagnosed as having right shoulder pain and impingement, possible cervical sprain, right upper extremity pain and possible lumbar sprain. Treatment to date has included x-rays of the cervical spine, right shoulder and lumbar spine (results not included for review). As of the PR2 dated 8-31-15, the injured worker reports constant right shoulder pain, constant neck pain and lower back pain. She rates her right shoulder pain 2-7 out of 10, her neck pain 3-6 out of 10 and her lower back pain 2-5 out of 10. Objective findings include bilateral facet tenderness at L4-L5 and L5-S1, "restricted" right shoulder range of motion and right cervical facet tenderness in C4-C5 and C5-C6. The treating physician requested Ultracin topical cream #1. On 8-31-15 the treating physician requested a Utilization Review for Anaprox 550mg #60, Flexeril 7.5mg #30, Prilosec 20mg #30 and Ultracin topical cream #1. The Utilization Review dated 10-8-15, non-certified the request for Ultracin topical cream #1 and certified the request for Anaprox 550mg #60, Flexeril 7.5mg #30 and Prilosec 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin topical cream #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are 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. Ultracin contains a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. The claimant was in oral NSAIDS. There are diminishing effects after 2 weeks. Topical NSAIDS can reach system is levels similar to oral NSAIDS. The Ultracin cream as prescribed is not medically necessary.