

Case Number:	CM15-0182806		
Date Assigned:	10/14/2015	Date of Injury:	12/01/2004
Decision Date:	11/25/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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 55 year old male who sustained an industrial injury on 12-1-04. The injured worker reported left shoulder pain. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder impingement syndrome, chronic pain syndrome and chronic right ankle sprain. Medical records indicate "left shoulder pain exacerbated with overhead use of the arm." Provider documentation dated 8-27-15 noted the work status as retired. Treatment has included injection therapy, Gabapentin since at least July of 2015, Psychological evaluation, Ultracin lotion since at least May of 2015. Objective findings were notable for left shoulder with anterolateral tenderness, acromioclavicular joint tenderness, positive impingement sing and pain with range of motion. The original utilization review (9-3-15) denied a request for Retrospective Ultracin lotion120gm, DOS: 8-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultracin lotion120gm, DOS: 8/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient presents on 08/13/15 with increasing left shoulder pain which radiates into the left upper extremity. The patient's date of injury is 12/01/04. The request is for retrospective Ultracin lotion 120gm, DOS: 8/13/15. The RFA was not provided. Physical examination dated 08/13/15 reveals tenderness to palpation of the anterolateral aspect and AC joint of the left shoulder, with positive impingement sign and cross-body maneuver noted and pain elicitation when testing the supraspinatus tendon against resistance. The patient is currently prescribed Ultracin lotion. Patient's current work status is not provided. MTUS Chronic Pain Guidelines, under Topical Analgesics section, page 111 states the following regarding Capsaicin: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The MTUS guidelines do not support the use of topical NSAIDs for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. 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." In this case, the request is retrospective for Ultracin lotion provided to the patient on 08/13/15, and has been prescribed since at least 05/14/15. MTUS Guidelines support topical compounds containing NSAIDs for peripheral joint complaints, this patient presents with left shoulder pain with a radicular component. Capsaicin is only considered appropriate for patients who are intolerant to other options, though it is unclear if this patient is intolerant of other topical formulations. While this patient presents with chronic pain poorly controlled via conservative measures, without a statement that this topical cream is being utilized on a peripheral joint complaint or evidence that this patient is intolerant of other topical formulations, continuation cannot be substantiated. Furthermore, there is no discussion of efficacy, as required by MTUS. Therefore, the request is not medically necessary.