

Case Number:	CM15-0186776		
Date Assigned:	09/28/2015	Date of Injury:	11/22/2010
Decision Date:	11/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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 51 year old female who sustained an industrial injury on 11-22-2010. Medical records indicated the worker was treated for left shoulder impingement syndrome. She has been treated with a steroid injections into the left subacromial space (04/2015), physical therapy, and time off work. In the provider notes of 08-18-2015, the injured worker complains of left shoulder pain exacerbated by ongoing use, overhead reaching, and lifting of the arm. Current medications include topical Ultracin lotion (since 06-09-2015). On exam, she has active and passive forward movement of the shoulder is to 180 degrees. There is positive impingement sign, reproducible pain when testing the supraspinatus tendon against resistance, and strength is intact. The treatment plan is for a prescription of topical medication, and an open option for surgical intervention. Work status is working with restrictions. A request for authorization was submitted for Topical Ultracin Lotion AP BID to TID PRN 120gms Refills: 2. A utilization review decision 09-14-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ultracin Lotion AP BID to TID PRN 120gms Refills: 2: 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: 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. It was used for shoulder impingement which has not been evaluated. There are diminishing effects after 2 weeks. Continued use of Ultracin with 2 additional refills is not medically necessary.