MAXIMUS Federal Services

Case Number:	CM15-0192742		
Date Assigned:	10/06/2015	Date of Injury:	06/05/2014
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/01/2015

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 57 year old female, who sustained an industrial injury on 06-05-2014. The injured worker is currently recommended to "continue current job duties". Medical records indicated that the injured worker is undergoing treatment for bilateral knee sprain-strain rule out bilateral knee internal derangement, possible lumbar discogenic pain, and headaches related to fall. Treatment and diagnostics to date has included physical therapy, acupuncture, home exercise program, knee braces, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include Anaprox, Flexeril, and Ultram. After review of the progress note dated 08-24-2015, the injured worker reported bilateral knee pain (rated 7-9 out of 10 on the visual analog scale with medications), lower back pain (rated 3-7 out of 10), and headaches. Objective findings included lumbar facet tenderness, painful movements in the thoracic and lumbar spine, and tenderness over the medial and lateral aspect of the right and left knee. The treating physician stated that the injured worker "prefers less oral medications" and found Ultracin "beneficial". The request for authorization dated 08-24-2015 requested Anaprox, Flexeril, Ultram, Ultracin (apply twice a day to three times a day), medical records, flexion-extension x-ray of lumbar spine, MRI of lumbar spine, and re-evaluation in 4-6 weeks. The Utilization Review with a decision date of 09-01-2015 denied the request for Ultracin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Ultracin cream: Upheld

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

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

Decision rationale: The 57 year old patient complains of constant bilateral knee pain, rated at 7-9/10; right sided axial back pain, rated at 3-7/10; and intermittent headaches; as per progress report dated 08/24/15. The request is for MED Ultracin cream. There is no RFA for this case, and the patient's date of injury is 06/05/14. Diagnoses, as per progress report dated 08/24/15, included bilateral knee sprain/strain, r/o bilateral knee internal derangement, possible lumbar discogenic pain, possible lumbar facet pain L4-5 and L5-S1, possible lumbar sprain/strain, and headaches. Medications included Anaprox, Flexeril, Ultram and Ultracin lotion. The patient is performing regular job duties, as per the same progress report. 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, only one progress report dated 08/24/15 is available for review. While it documents the use of Ultracin lotion, it is not clear when the topical formulation was initiated. As per the report, medications help reduce the pain by 50-60% and lead to significant improvement in function. The treater states that Ultracin lotion "was beneficial" and the patient "required less oral medication due to Ultracin." While the treater provides extensive information regarding components of the lotion and its benefits, there is no indication of how and where the lotion will be applied. There is no diagnosis of peripheral joint arthritis for which topical NSAIDs such as methyl salicylate are generally indicated. Furthermore, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. MTUS Guidelines also state that "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.