

<b>Case Number:</b>	CM15-0193647		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/16/2007
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 37 year old female, who sustained an industrial injury on October 16, 2007, incurring left upper extremity and low back injuries. She was diagnosed with a right thoracic outlet syndrome and left brachial plexus. Treatment included pain medications, muscle relaxants, neuropathic medications and surgical interventions. Electromyography studies revealed peripheral nerve entrapments and a right brachial plexopathy of the trunk. She underwent left brachial plexus surgery, left carpal tunnel release and elbow ulnar surgery. Currently, the injured worker complained of numbness of the digits of the right hand, shoulder and neck pain. She complained of excruciating pain in the right supraclavicular area and radiates into the right hand with weakness and numbness of the right hand. Elevation of the right arm caused increased pain and weakness. The treatment plan that was requested for authorization on October 1, 2015, included a prescription for Ultracin lotion 120 gm #1 for a date of service of August 24, 2015. On September 21, 2015, a request for a prescription for Ultracin lotion was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultracin lotion (Capsaicin 0.025%, Menthol 10%, Salicylate 28%) 120gms #1 for DOS 8/24/15: 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:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request is not medically necessary.