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| <b>Case Number:</b>   | CM15-0194661 |                              |            |
| <b>Date Assigned:</b> | 10/08/2015   | <b>Date of Injury:</b>       | 12/10/2004 |
| <b>Decision Date:</b> | 11/18/2015   | <b>UR Denial Date:</b>       | 09/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/05/2015 |

### 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: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 73 year old man sustained an industrial injury on 12-10-2004. Diagnoses include multilevel lumbar spine discopathy with spondylolisthesis. Treatment has included oral medications. Physician notes dated 7-17-2015 show complaints of low back pain rated 8-9 out of 10 with radiation to the right leg. The physical examination shows an antalgic gait with painful heel-toe walk on the right with loss of balance, paralumbar musculature spasm with radiation to the right sacroiliac joint with tenderness. Range of motion is noted to be forward flexion 10 degrees, extension 5 degrees, lateral bending is 5 degrees to the right and 10 degrees to the left. Sensation is decreased in the L5-S1 dermatome of the right lower extremity, deep tendon reflexes are intact, strength is 2+ out of 5 in the right leg and 4 out of 5 in the left leg. Straight leg raise is positive bilaterally at 50 degrees on the right and 60 degrees on the left. Recommendations include lumbar spine CT scan, Prilosec, Ultracet, Norco, Ultracin cream, and follow up in six weeks. Utilization Review denied a request for Ultracin cream on 9-11-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin cream, 1-2gm, 1-2x daily:** 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:** Ultracin is a topical medication containing several compounds. It contains methyl-salicylate, capsaicin and menthol. As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Methyl-Salicylate: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. Patient's pain is spinal. Not recommended. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. There is no documentation of a successful trial of capsaicin or failure of other medications. Not medically necessary. 3) Menthol: there is no information about menthol in the MTUS. Ultracin is not medically necessary.