

Case Number:	CM15-0199933		
Date Assigned:	10/15/2015	Date of Injury:	01/23/2014
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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: Montana, Oregon, Idaho
 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 31 year old male who sustained an industrial motor vehicle accident injury on 01-23-2015 which exacerbated a twisting injury documented in 01-2014. A review of the medical records indicated that the injured worker is undergoing treatment for low back strain, displacement of lumbar intervertebral disc without myelopathy and fibromyositis. According to the treating physician's progress report on 09-16-2015, the injured worker continues to experience low back pain that sometimes radiates into the buttocks. The injured worker is currently completing physical therapy and acupuncture therapy with improvement in function but pain levels remain at baseline. Numerical valuation of pain level was not identified. The injured worker reported 50% improvement with topical analgesics and Naprosyn. Examination demonstrated tenderness to palpation over the paraspinal muscles overlying the facet joints bilaterally. Range of motion was reported as flexion at 70 degrees with pain, extension limited to 0 degrees with pain and bilateral lateral bending at 25 degrees each. Seated straight leg raise was negative. The injured worker was able to complete shallow knee deep bend with pain and able to heel-toe walk with some unsteadiness on the heels. Waddell's was negative. A magnetic resonance imaging (MRI) of the lumbar spine (no date documented) was reviewed by the provider within the notes dated 09-16-2015 showing an annular tear at L4-L5 and a small paracentral disc protrusion causing mild canal stenosis. Prior treatments have included diagnostic testing, physical therapy, acupuncture therapy and medications. Current medications were listed as Naprosyn and topical analgesics. Treatment plan consists of additional physical therapy and the current request for Ultracin 0.025%-28%-10% lotion, 120ml, #1 tube with 1

refill (prescribed 9/16/15). On 09-28-2015, the Utilization Review determined the request for Ultracin 0.025%- 28%-10% lotion, 120ml, #1 tube with 1 refill (prescribed 9/16/15) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin 0.025%/28%/10% lotion, 120ml, #1 tube with 1 refill (prescribed 9/16/15): 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." Ultracin is a topical analgesic compound containing menthol, methyl salicylate, and capsaicin. The guidelines do not provide any strong evidence to support the use of topical analgesics. They may be effective in treating neuropathic pain, however, there is no indication of neuropathic pain from the note of 9/16/15. The injured worker is noted to primarily complain of low back pain and has no objective findings of radicular symptoms. In addition, the medical records fail to document failure of a trial of first line medications such as antidepressants and anticonvulsants as recommended by the guidelines. Therefore, the request is not medically necessary.