

<b>Case Number:</b>	CM15-0202874		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

The injured worker is a 44 year old male, who sustained an industrial injury on July 21, 2013. The injured worker was diagnosed as having sprain and strain of the elbow and arm unspecified, lesion of the ulnar nerve, and sprain and strain of the lumbar spine. Treatment and diagnostic studies to date has included physical therapy and medication regimen. In a progress note dated September 16, 2015 the treating physician reports complaints of an increase in pain to the lumbar spine with the left greater than the right and pain to the left elbow. Examination performed on September 16, 2015 was revealing for "moderate" spasms and tenderness to the lumbar spine, positive straight leg raise, "moderate" tenderness and spasms to the left elbow, decreased range of motion to the lumbar spine, decreased strength to the lumbar spine, and sleep disturbance. The progress note from September 16, 2015 did not include the injured worker's medication regimen or the injured worker's numeric pain level on a visual analog scale prior to use of the injured worker's medication regimen and after use of the injured worker's medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The progress note from July 29, 2015 noted prescriptions for the medications of Neurontin and Tramadol, but did not indicate current medication regimen on this date or the injured worker's numeric pain level on a visual analog scale during this visit. On September 16, 2015 the treating physician requested Ultracin lotion 120gm with a quantity of 1 for a 30 day supply for complex regional pain syndrome. On

September 29, 2015 the Utilization Review determined the request for Ultracin lotion 120gm with a quantity of 1 for a 30 day supply to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracin lotion, #1 (30 day supply): 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 requested Ultracin lotion, #1 (30 day supply), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has an increase in pain to the lumbar spine with the left greater than the right and pain to the left elbow. Examination performed on September 16, 2015 was revealing for "moderate" spasms and tenderness to the lumbar spine, positive straight leg raise, "moderate" tenderness and spasms to the left elbow, decreased range of motion to the lumbar spine, decreased strength to the lumbar spine, and sleep disturbance. The progress note from September 16, 2015 did not include the injured worker's medication regimen or the injured worker's numeric pain level on a visual analog scale prior to use of the injured worker's medication regimen and after use of the injured worker's medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Ultracin lotion, #1 (30 day supply) is not medically necessary.