

<b>Case Number:</b>	CM15-0208469		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 69 year old male, who sustained an industrial injury on 9-18-14. He reported right shoulder pain. The injured worker was diagnosed as having sprain and strain of the shoulder and arm and shoulder osteoarthritis. Treatment to date has included physical therapy, a shoulder injection, and medication including Aspirin. Physical examination findings on 9-16-15 included decreased range of motion and strength in the right shoulder. Tenderness, sensitivity, and spasm were noted in the right shoulder. On 9-16-15, the injured worker complained of right shoulder pain. On 9-22-15 the treating physician requested authorization for Ultracin lotion 120g #1. On 9-25-15 the request 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:

**Ultracin lot 120gm, #1:** 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 patient was injured on 09/18/14 and presents with shoulder pain. The request is for ultracin lot 120 gm, #1. The RFA is dated 09/22/15 and the patient's current work status is not known. 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." The patient is diagnosed with sprain and strain of the shoulder and arm and shoulder osteoarthritis. Treatment to date includes physical therapy, a shoulder injection, and medication including Aspirin. MTUS Guidelines support topical compounds containing NSAIDs for peripheral joint complaints, this patient presents with right shoulder pain. Capsaicin is only considered appropriate for patients who are intolerant to other options, though it is unclear if this patient is intolerant of other topical formulations. While this patient presents with chronic pain poorly controlled via conservative measures, without a statement that this topical cream is being utilized on a peripheral joint complaint or evidence that this patient is intolerant of other topical formulations, continuation cannot be substantiated. Furthermore, there is no discussion of efficacy, as required by MTUS. Therefore, the request is not medically necessary.