

Case Number:	CM15-0023216		
Date Assigned:	02/12/2015	Date of Injury:	06/22/2008
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/06/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury reported on 6/22/2008. She has reported low back and bilateral knee complaints. Accepted body parts include the back, neck, psyche and bilateral lower extremities (knees and feet). The diagnoses were noted to have included chronic pain syndrome; left knee (illegible) & osteoarthritis; lumbosacral sprain/strain and bilateral lower extremity radiculopathy, lumbar disc bulge, lumbosacral (illegible); bilateral knee tri-compartmental osteoarthritis, right > left; lumbar facet arthropathy; and dyspepsia due to non-steroidal anti-inflammatories. Treatments to date have included consultations; diagnostic imaging studies; right knee, versus bilateral knee, injection therapy; right knee arthroscopy (7/2006); use of a single crutch; and medication management. The work status classification for this injured worker (IW) was noted to be returned to work with restrictions. The progress notes, dated 6/30/2014, show this IW to be unable to tolerate/use non-steroidal anti-inflammatories due to a history of cardiac or renal disease. Also noted is the need to amend the claim regarding: right hip pain and increased right knee pain, secondary to compensation from left knee injury. On 1/7/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/24/2014, for Ultracin Lotion 120gm. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, topical analgesics, compound drugs; and The Official Disability Guidelines, pain chapter, salicylate topicals, compound drugs, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113..

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Ultracin lotion. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The MTUS does not specifically address Ultracin lotion as a topical analgesic. Therefore, according to the guidelines cited, it can not be recommended at this time. The request for Ultracin lotion is not medically necessary.