MAXIMUS Federal Services

Case Number:	CM15-0026390		
Date Assigned:	03/19/2015	Date of Injury:	12/21/2013
Decision Date:	04/17/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/11/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic shoulder, neck, and low back pain reportedly associated with an industrial injury of December 21, 2013. In a utilization review report dated January 13, 2015, the claims administrator denied a topical compounded Ultracin lotion. The claims administrator referenced an RFA form received on January 2, 2015 and a progress note of December 29, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated June 27, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, wrist, and shoulder pain. The note was very difficult to follow and did not explicitly discuss medication selection or medication efficacy. On September 25, 2014, the applicant was given a prescription for Lyrica. In a handwritten note dated February 3, 2015, it was suggested that the applicant was considering shoulder surgery. Multifocal pain complaints were reported. The applicant was given refills of Norco and Neurontin on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin topical lotion, 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation ULTRACIN (methyl salicylate, menthol - DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid ULTRACIN - menthol, methyl salicylate and capsaicin lotion.

Decision rationale: 1. No, the request for topical Ultracin lotion was not medically necessary, medically appropriate, or indicated here. Ultracin per the National Library of Medicine, is a capsaicin-containing topical compound. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Lyrica, Neurontin, etc., effectively obviated the need for the capsaicin-containing Ultracin lotion at issue. Therefore, the request was not medically necessary.