

Case Number:	CM15-0212468		
Date Assigned:	11/02/2015	Date of Injury:	04/28/2010
Decision Date:	12/16/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/28/2015

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, Illinois

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 injured worker is a 64 year old male, who sustained an industrial injury on April 28, 2010. The injured worker was diagnosed as having left knee abrasion, left knee contusion and left elbow contusion. Treatment to date has included splint, cane, knee support, aqua therapy and medication. On July 9, 2015, the injured worker reported increased buckling and giving way of the bilateral knees. An MRI was noted to allow for left total knee replacement and right knee scope. Physical examination of the bilateral knees included tenderness to palpation and positive crepitus. McMurrays was positive on the right. Parts of the handwritten progress report were illegible. The treatment plan included a surgical consultation, work restrictions and Ultracin topical lotion. On October 13, 2015, utilization review denied a request for Ultracin topical lotion 120ml.

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 Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/121647/ultracin.html>.

Decision rationale: The injured worker sustained a work related injury on April 28, 2010. The medical records provided indicate the diagnosis of left knee abrasion, left knee contusion and left elbow contusion. Treatment to date has included splint, cane, knee support, aqua therapy and medication. The medical records provided for review do not indicate a medical necessity for Ultracin Topical Lotion 120ml. Ultracin is a topical analgesic containing menthol, methyl salicylate and capsaicin. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested treatment is not medically necessary due to the presence of the non recommended menthol.