

Case Number:	CM15-0213672		
Date Assigned:	11/03/2015	Date of Injury:	08/05/2015
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/30/2015

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: 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 73 year old female, who sustained an industrial injury on 8-5-15. The injured worker was diagnosed as having shoulder impingement; cervical-lumbar sprain-strain. Treatment to date has included chiropractic therapy; medications. Diagnostics studies included MRI right shoulder (9-18-15). Currently, the PR-2 notes dated 8-31-15 indicated the injured worker complains of constant right shoulder pain with impingement status post work injury 8-5-15. She also complains of neck pain with pain radiating into the right shoulder and into the right upper extremity with axial type low back pain on and off also related to her work injury. The provider notes "The patient is complaining of constant right shoulder pain rated 2 -7 out of 10 on a pain scale. Pain aggravates movement, lifting, carrying, somewhat improves with medications, rest. The patient complains of constant neck pain rated at 3-6 out of 10. Pain aggravates neck movement and somewhat improves with medications and rest. The patient complains of on and off right upper extremity pain associated with weakness and cramps. She has constant axial type low back pain rated at 2-5 out of 10. It is described as sharp, shooting, stabbing, aching, throbbing pain. She reports muscle spasms involving the right shoulder, neck and back. She also complains of right-sided headaches. She must change positions frequently to get comfortable. She has a history of diabetes for 12 years on medication; hypertension for 22 years and on medication; with no surgical history. The notes indicate the injured worker has tried to manage her pain with over-the-counter medications. She has had x-rays of the cervical spine, right shoulder and lumbar spine. The provider is requesting a MRI of the right shoulder, and chiropractic therapy. He has also recommended prescribed medications for pain and muscle

spasms. She prefers less oral medications and therefore requested Ultracin. A Request for Authorization is dated 10-30-15. A Utilization Review letter is dated 10-26-15 and non-certification for One Ultracin topical cream. A request for authorization has been received for One Ultracin topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Ultracin topical cream: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=3b0612ee-95e2-42f5-b671-00029bb5da95>.

Decision rationale: Ultracin contains menthol, methyl salicylate and capsaicin. Per the MTUS guidelines, salicylate topicals are recommended. The guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. In addition, per the MTUS guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. In this case, the injured worker is noted to be a 73 year old who is followed for chronic pain. The injured worker is requesting to utilize less oral medications and has a history of gastritis. The active ingredients in Ultracin are menthol 10%, methyl salicylate 28% and capsaicin (0.025%). Per the MTUS guidelines, Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Methyl Salicylate is supported per the MTUS guidelines. The request for One Ultracin topical cream is medically necessary and appropriate.