

Case Number:	CM15-0214620		
Date Assigned:	11/04/2015	Date of Injury:	01/03/2011
Decision Date:	12/15/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, 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 52 year old female who sustained an industrial injury on 1-3-11. A review of the medical records indicates that the worker is undergoing treatment for brachial neuritis-radiculitis not otherwise specified, sprain-strain shoulder arm unspecified, sprain-strain shoulder arm-unspecified, and shoulder disorders with bursae and tendons unspecified. Subjective complaints (9-16-15) include cervical spine and left shoulder pain and stiffness rated at a moderate level and weakness at a mild level. Objective findings (9-16-15) include decreased range of motion and strength in the left shoulder and cervical spine and tenderness to palpation and spasm of the cervical spine and left shoulder. It is noted she has gastrointestinal distress due to medications. Work status was noted as full duties for 45 days. Current medications are Ibuprofen and Prilosec. Previous treatment includes surgery, physical therapy, home exercise, acupuncture (was stopped due to report that it was not helping), and medication. The requested treatment of Ultracin Lotion 120 grams #1 was non-certified on 9-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Lotion 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: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ultracin is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In this case the claimant was on oral NSAIDS as well. The claimant had GI issues due to NSAID use and was on PPIs. The Ultracin is not medically necessary.