

Case Number:	CM15-0042511		
Date Assigned:	03/12/2015	Date of Injury:	05/01/1969
Decision Date:	05/20/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68-year-old female, who sustained an industrial injury on 05/01/1969. She has reported subsequent neck and back pain and was diagnosed with lumbar facet syndrome and multi-level cervical stenosis. Treatment to date has included oral and topical pain medication. In a progress note dated 09/16/2014, the injured worker complained of low back pain. Objective findings were notable for tenderness of the lower lumbar paravertebral musculature and posterior cervical and bilateral trapezial musculature and decreased range of motion. A request for authorization of topical ultram lotion was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ultracin Lotion 120grams with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 68-year-old patient complains of burning pain in mid and lower back, as per progress report dated 09/16/14. The request is for TOPICAL ULTRACIN LOTION 120 gms WITH 2 REFILLS. The RFA for the case is dated 09/19/14, and the patient's date of injury is 05/01/69. Diagnoses, as per progress report dated 09/16/14, included lumbar facet syndrome and multilevel cervical stenosis with C6 syrinx. Medications included Voltaren, Ultram and Ultracin lotion. As per progress report dated 05/20/14, the patient's neck pain radiates to bilateral upper extremities to produce pain and numbness. The patient is not working, as per progress report dated 03/27/14. Regarding Capsaicin, MTUS guidelines, page 111, state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The MTUS guidelines do not support the use of topical NSAIDs for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, a prescription for Ultracin lotion is only noted in progress report dated 09/16/14. The treater, however, does not discuss how and where it is used with what effectiveness in terms of pain reduction and functional changes. The treating physician does not indicate the body part where the lotion will be applied. Additionally, there is no diagnosis of peripheral joint arthritis for which topical NSAIDs such as methyl salicylate are generally indicated. MTUS Guidelines provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, the request IS NOT medically necessary.