

Case Number:	CM15-0049358		
Date Assigned:	03/23/2015	Date of Injury:	10/27/2010
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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 46-year-old female who sustained an industrial injury on 10/27/2010. Current diagnoses includes status post right elbow surgery, the remainder of the diagnoses were not legible due to handwriting. Previous treatments included medication management, right shoulder surgery, physical therapy, home exercise program, and activity modifications. Diagnostic studies included MRI of the right elbow. Report dated 02/03/2015 noted that the injured worker presented with complaints that included right elbow pain. Pain level was rated as 9 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for authorization and dispensed right elbow brace, request for right elbow surgery, request for right elbow night brace, continue home exercise program, continue home TENS unit, continue use of bracing, and continue medications, and follow-up in 5-6 weeks. Of note, this report was very hard to read due to hand writing. Disputed treatment includes Ultracin lotion 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Ultracin lotion 120ml is not medically necessary.