

Case Number:	CM15-0053697		
Date Assigned:	03/27/2015	Date of Injury:	04/26/2001
Decision Date:	05/04/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
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 an 80 year old female, who sustained an industrial injury on 4/26/01. She reported low back pain and left knee pain. The injured worker was diagnosed as having lumbar radiculopathy, right basilar joint arthrosis, fibromyalgia syndrome, and a left knee Barker's cyst. Treatment to date has included medications, Toradol injection, and the use of a cane. Currently, the injured worker complains of bilateral knee pain. Physical examination findings included tenderness over the medial and lateral joint lines and subpatellar crepitation with range of motion. Tenderness about the lower lumbar paravertebral musculature was also noted. The treating physician requested authorization for topical Ultracin lotion 120g with 2 refills. The treating physician noted the requested medication was to be used as needed for acute exacerbations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ultracin lotion 120gm with two refills, per 1/6/15 RFA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, salicylate topicals Page(s): 111-113, 104.

Decision rationale: The request for menthoderin is not medically necessary. According to MTUS guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Methyl salicylate may be useful for chronic pain. However, there are no guidelines for the use of menthol with the patient's fibromyalgia, spine and knee complaints. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. In the chart, the patient has not failed all oral analgesics. Therefore, the request is considered not medically necessary.