

Case Number:	CM15-0054916		
Date Assigned:	03/30/2015	Date of Injury:	10/11/2001
Decision Date:	05/18/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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 68 year old female who sustained an industrial injury on 10/11/01. The diagnoses have included lumbar facet syndrome and multi-level cervical stenosis. Treatment to date has included medications, lumbar facet nerve block, activity modifications, home exercise program (HEP) and conservative care. Currently, as per the physician progress note dated 1/15/15, the injured worker complains of occasional neck pain, stiffness and pain and numbness and tingling that radiates down the arm. She recently underwent a lumbar facet nerve block with almost complete resolution of low back pain for one week. Physical exam of the lumbar spine revealed tenderness in the lower lumbar area and decreased lumbar range of motion. There were no recent diagnostics or current medications noted. The physician requested treatment included Topical Ultracin Lotion 120grams with 2 Refills for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ultracin Lotion 120grams - 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics Food and Drug Administration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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 analgesic that contains an NSAID. Topical NSAIDs are 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 had been on the Ultracin for several months without consistent documentation of VAS scores. Long-term use is not indicated and the claimant did not have arthritis. The Ultracin is not medically necessary.