

Case Number:	CM15-0055569		
Date Assigned:	03/30/2015	Date of Injury:	05/29/2014
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/24/2015

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 34 year old male, who sustained an industrial injury on 05/29/2014. The injured worker is currently diagnosed as having cervical/thoracic/lumbar spine sprain/strain, left forearm and wrist triangular fibrocartilage complex tear, right little toe referred to podiatrist, and a right inguinal hernia referred to general surgery. Treatment to date has included medications. In a progress note dated 02/10/2015, the injured worker presented with complaints of left wrist/hand pain. According to the application, Independent Medical Review was requesting on Ultracin topical lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Topical Lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105.

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

Decision rationale: The patient was injured on 05/29/14 and presents with left wrist/hand pain. The request is for Ultracin topical lotion 120 ML. The RFA is dated 02/10/15 and the patient is temporarily totally disabled for six weeks, as of 02/10/15. The report with the request is not provided. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the reason for the request is not provided, nor is the report with the request. The treater does not discuss why the ointment was chosen over other topical creams. MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Furthermore, MTUS Guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the requested Ultracin topical lotion IS NOT medically necessary.