

Case Number:	CM15-0060396		
Date Assigned:	04/06/2015	Date of Injury:	02/19/2013
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/30/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 61 year old male, who sustained an industrial injury on 2/19/2013. He reported injury from continuous trauma. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain with mild spondylosis and facet degeneration, bilateral elbow medial and lateral epicondylitis, bilateral knee sprain, bilateral anterior and posterior tibialis tendinitis and bilateral hip osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included shockwave therapy, physical therapy, knee injections and medication management. In progress notes dated 12/11/2014 and 3/5/2015, the injured worker complains of continued pain in the neck, bilateral elbows, bilateral hips and bilateral knees. The treating physician is requesting Ultracin lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation

Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain UpToDate: Camphor and menthol: Drug information.

Decision rationale: Ultracin is a topical analgesic containing methylsalicylate, menthol, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that this patient has been treated with either of those classes of medications. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Menthol is a topical skin product available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Medrol is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not recommended in this case. This compounded drug is not recommended. It contains two drugs that are not recommended. Therefore, it is not medically necessary.