

Case Number:	CM14-0159244		
Date Assigned:	10/02/2014	Date of Injury:	04/04/2014
Decision Date:	10/30/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 26 year old gentleman who sustained a left foot injury on 04/04/14 when a forklift crashed into another forklift resulting in a left foot injury. The medical records documented that the claimant was diagnosed with a crush injury and fracture of the left foot that required percutaneous pinning of the left third and fifth metatarsal fractures and open reduction internal fixation of a proximal phalanx fracture to the fourth toe. The postoperative clinical record of 07/29/14 noted continued left foot pain despite conservative care. The fracture was documented to be healing. Physical examination findings on that date were not documented. Medications of Ultram, Anaprox, and a topical "Ultracin" cream for the left foot were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin (topical) for left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of a topical analgesic Ultracin in this case would not be indicated. According to the Chronic

Pain Guidelines, topical compounding of analgesics is largely experimental with few randomized clinical controls demonstrating efficacy and/or safety. Ultracin lotion is a combination of methyl salicylate capsaicin and menthol. The Chronic Pain Guidelines do not recommend the use of Capsaicin in the topical setting as it is only recommended only for individuals who have not responded to first line treatment or are intolerant to other forms of treatment for the diagnosis of osteoarthritis, fibromyalgia and chronic nonspecific back pain; it should be considered experimental in high dosages. There is no documentation in the medical records of a working diagnosis to support the use of capsaicin nor is it documented that the claimant is intolerant to other forms of first line treatment. The request in this case would not be supported as medically necessary.