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| Case Number: | CM14-0163843 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 08/28/2006 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of August 28, 2006. A Utilization Review was performed on September 25, 2014 and recommended non-certification of 1 prescription of Ultracin topical lotion (brand name only) 120 ml between 8/29/2014 and 11/23/2014 and 1 x-ray of the lumbar spine between 8/29/2014 and 8/29/2014. A Progress Report dated August 29, 2014 identifies Primary Complaints of bilateral knee pain. He also complains of increased low back pain radiating to the bilateral knees. Objective Findings identify tenderness to palpation over the paravertebral musculature and lumbosacral junction with decreased range of motion. Sensation is decreased along the left L5 and S1 dermatomes. Tenderness to palpation is present over the bilateral medial and lateral joint lines and patella. Crepitus is present. Patellar Grind test and McMurray's test are positive. Decreased range of motion of bilateral knees. Diagnoses identify status post bilateral knee arthroscopic surgeries, with post-operative residual, including patellofemoral arthralgia with underlying degenerative joint disease, thoracolumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis, with multilevel degenerative disc disease, disc bulges/protrusions, facet degenerative joint disease and stenosis, bilateral elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome, bilateral forearm/wrist flexor/extensor tendinitis with carpal tunnel syndrome improved. Treatment Plan identifies Ultracin topical lotion 120 milligrams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ultracin topical lotion (brand name only) 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding request for 1 prescription of Ultracin topical lotion (brand name only) 120ml, the requested topical compound is a combination of Methyl Salicylate, Menthol, and Capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Within the documentation available for review, there is no indication there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested 1 prescription of Ultracin topical lotion (brand name only) 120ml is not medically necessary.

1 x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays)

Decision rationale: Regarding request for 1 x-ray of the lumbar spine, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, there is no indication of red flags for serious spinal pathology. The requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested 1 x-ray of the lumbar spine is not medically necessary.