MAXIMUS Federal Services

Case Number:	CM14-0210218		
Date Assigned:	12/23/2014	Date of Injury:	12/04/2013
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, shoulder, wrist, and low back pain reportedly associated with an industrial injury of December 4, 2013.In a Utilization Review Report dated November 22, 2014, the claims administrator denied a request for topical compounded Ultracin lotion. The claims administrator referenced a February 3, 2014 progress note in its determination.The applicant's attorney subsequently appealed.On February 3, 2014, the applicant reported ongoing complaints of neck pain, back pain, dyspepsia, headaches, photophobia, anxiety, and depression reportedly associated with cumulative trauma from repetitive lifting and carrying at work. Sonata, Norco, Topamax, and Menthoderm were endorsed. There was no mention made of the Ultracin compound at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultracin for the cervical and lumbar spine DOS 2/4/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Ultracin Medication Guide.

Decision rationale: Ultracin, per the National Library of Medicine (NLM), is an amalgam of menthol, methyl salicylate, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-lien agent, for applicants who have not responded to or are intolerant of other treatments. Here, there was/is no evidence of intolerance to and/or multiple classes of first-line oral pharmaceuticals so as to justify selection, introduction, and/or ongoing usage of the capsaicin-containing Ultracin compound at issue. The applicant's ongoing usage of Topamax, Norco, Menthoderm, etc., it is further note, effectively obviated the need for the capsaicin containing Ultracin lotion at issue. Therefore, the request was not medically necessary.