

Case Number:	CM14-0212957		
Date Assigned:	12/30/2014	Date of Injury:	07/01/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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 low back and shoulder pain reportedly associated with an industrial injury of July 1, 2012. In a Utilization Review Report dated December 4, 2014, the claims administrator denied a request for topical Ultracin lotion. The claims administrator referenced a variety of historical progress notes and November 24, 2014 progress note in its determination, along with several other handwritten notes, which were stated were legible. In a June 13, 2014 doctor's first report (DFR), the applicant was given prescriptions for Norco, Voltaren, and Fexmid. The applicant was placed off of work, on total temporary disability. On October 7, 2014, the applicant was again placed off of work, on total temporary disability. The applicant had apparently discontinued all medications, it was suggested, on the grounds that the applicant had reportedly developed an ulcer.

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 Analgesics.

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 lotion, 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 capsaicin is not recommended except as a last line 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 failure of multiple classes of first line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin containing Ultracin lotion at issue. Despite the applicant's reportedly having developed an ulcer, there are number of oral pharmaceuticals which could seemingly be employed here. Therefore, the request is not medically necessary.