

Case Number:	CM15-0011153		
Date Assigned:	02/13/2015	Date of Injury:	12/21/2013
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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: TR, California, Virginia

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 injured worker is a 45 year old male, who sustained an industrial injury on 12/21/13. He has reported back and upper extremity injury. The diagnoses have included cervical and lumbar sprain/strain, bilateral shoulder sprain/strain, right shoulder radiculopathy and bilateral knee sprain/strain. Treatment to date has included laminectomy (1/14), cortisone injection and oral medications. Ultrasound of bilateral shoulders performed on 11/5/14 revealed right rotator cuff tendinitis, right normal long head biceps tendon, normal glenoid labrum, right AC joint hypertrophy/osteophyte formation/narrowing of the subacromial space and normal left shoulder. Currently, the injured worker complains of right shoulder pain, improved temporarily following cortisone injection. Physical exam dated 12/29/14 revealed right shoulder tenderness on palpation. On 1/13/15 Utilization Review non-certified prescription for Ultracin topical lotion 120ml, noting the lack of intolerance of oral medications that would indicate a need for the use of topical capsaicin. The MTUS, ACOEM Guidelines, was cited. On 1/16/15, the injured worker submitted an application for IMR for review of prescription for Ultracin topical lotion 120ml.

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 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: The request for Ultracin cream was denied by UR citing guidelines that describe recommendation for use of topical capsaicin only for patients who have not responded to or are intolerant of other medications. The guidelines describe that if one drug is not recommended then the entire compound is not recommended in the case of compounded topical formulations. While the patient has medical concerns that certainly may indicate the possibility of oral medication intolerance (irritable bowel syndrome with 9% impairment, probable fatty liver, etc.), there is no specific mention of medication intolerance with respect to specific medications in the provided records. Page 10 of a report by [REDACTED], MD, mentions, "gastrointestinal complaints secondary to medication, deferred to an internal medicine specialist," but no specific mention of medications causing intolerance is mentioned. Because the guidelines provide no evidence to support use of topically applied menthol, and there is no documented medication intolerance specifically indicating a need for topical capsaicin, the request for topical Ultracin is not considered medically necessary.