

Case Number:	CM15-0123326		
Date Assigned:	07/07/2015	Date of Injury:	03/12/2008
Decision Date:	08/04/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old female, who sustained an industrial injury on March 12, 2008. Treatment to date has included bilateral carpal tunnel release, home exercise program, functional restoration program, meditation, and medications. Currently, the injured worker complains of that most of her pain is localized in the bilateral shoulders. She reports radiation of pain to the bilateral upper extremities with associated numbness and tingling. She reports the pain as constant, sharp, tingling pain and variable in intensity. She reports that her shoulders become weak and heavy and she will feel tightness in the bilateral hands. On physical examination the injured worker has bilateral wrist joint tenderness and bilateral upper extremity weakness. The diagnoses associated with the request include carpal tunnel syndrome, adhesive capsulitis of the shoulder, and disorder of bursa in the shoulder region. The treatment plan includes Ultracin lotion, Tramadol, Salonpas, and continued home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin 0.025%-28% lotion 120 ml tube, quantity: 1 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical analgesics Page(s): 105 and 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/121647/ultracin.html>.

Decision rationale: Ultracin 0.025%-28% lotion 120 ml tube, quantity: 1 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and a review online of Ultracin. An online review of Ultracin reveals that this medication contains Methyl Salicylate (28%); Menthol (105) and Capsaicin (0.025%) The MTUS states that topical analgesics are largely experimental. Salicylate topicals are recommended by the MTUS. The MTUS supports Ben Gay which has menthol in it. The MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation is not clear that the patient is intolerant to other treatments or unable to take oral medications. There are not extenuating circumstances that would necessitate this lotion therefore this request is not medically necessary.