

Case Number:	CM15-0175172		
Date Assigned:	09/16/2015	Date of Injury:	08/28/2006
Decision Date:	10/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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: Internal Medicine, Rheumatology

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 70 year old male, who sustained an industrial injury on 8-28-06. Medical record indicated the injured worker is undergoing treatment for thoracolumbar spine musculoligamentous sprain-strain with bilateral lower extremity radiculitis, bilateral upper extremity tenosynovitis-medial and lateral epicondylitis with bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome, status post bilateral knee arthroscopic surgeries, bilateral forearm-wrist flexor-extensor tendinitis with carpal tunnel syndrome improved and psychiatric complaints. Treatment to date has included lumbar transforaminal epidural steroid injections, oral medications including Ultram and Gabapentin 300mg and topical Ultracin lotion. On 6-24-15 the injured worker complained of low back pain rated 6 out of 10 and described as decreased to 80% following L3-4 and L4-5 left transforaminal epidural steroid injection. Currently on 7-28-15, the injured worker complains of mild to moderate, intermittent, dull, sharp, numbness of lumbar spine and tremors Ultram. On 6-24-15, physical exam noted an antalgic gait to the left and diffuse tenderness noted over the lumbar paravertebral musculature with moderate facet tenderness noted over the L4-S1 spinous processes. Physical exam of lumbar spine on 7-28-15 revealed tenderness to palpation with spasm over the thoracolumbar paravertebral musculature and lumbosacral junction and painful range of motion and decreased sensation in left L5 and S1 dermatomes and exam of bilateral elbows-wrists reveals swelling, tenderness to palpation over the medial and lateral epicondyles and extensor and flexor tendons. On 7-28-15 a request for refill of Ultracin lotion and Neurontin 300mg #90. On 8-19-15, utilization review non-certified a request for Ultracin lotion noting guidelines state if any compound product that contains at least

one drug or drug class is not recommended then that compound in total is not recommended. Ultracin contains capsaicin, salicylate and menthol; Capsaicin is only recommended for patients that have not responded or happen to be intolerant to other treatments; based upon available documentation, Ultracin is not medically warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion (unknown prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This 70 year old male has complained of back pain, elbow pain, wrist pain and knee pain since date of injury 8/28/2006. He has been treated with surgery, epidural steroid injections, physical therapy and medications. The current request is for Ultracin lotion. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ultracin lotion is not medically necessary.