

Case Number:	CM15-0179711		
Date Assigned:	09/21/2015	Date of Injury:	01/04/2015
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 22 year old male who sustained an industrial injury on 01-04-2015. His diagnoses include Lumbar spine sprain-strain, Rule out Lumbar Spine Disc Herniation, Rule out Right Knee Internal Derangement, and Right Knee sprain-strain. Medical records indicate MRI of the right knee 06-18-2015 documented motion degraded MRI of the knee and the sagittal proton density images should be repeated. There were artifacts versus medial and lateral meniscal tears. Treatment has included aqua therapy and oral and topical medications. The worker was prescribed Motrin and compounded transdermal analgesics (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%) and Flurbiprofen 20% for inflammation for pain and inflammation on 05-12-2015. In the initial examination notes of the orthopedic surgeon, 05-12-2015, the worker complained of constant sharp aching pain in his right knee pain that traveled to his right leg rated as a 9 on a scale of 0-10. The knee gives way with prolonged standing. In the provider notes 08-19-2015 the injured worker complains of feeling overall worse in the lumbar spine with 3+ pain, 3+ stiffness and 3+ weakness with spasm and tenderness to palpation. He relates that the right knee is unchanged with 3+ pain, 3+ stiffness and 3+ weakness. The documentation notes the right knee is tender to palpation, and has deformity and spasm. The treatment plan includes continuation of aqua therapy for the right knee and lumbar spine, and prescription of Ultracin lotion due to the workers complaint of gastrointestinal distress. A request for authorization was submitted for Ultracin lotion 120gm; apply to affected body parts BID. A utilization review decision 08-28-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion 120gm, apply to affected body parts BID: 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: The claimant sustained a work injury in January 2015 when he fell backwards while using a leaf blower. He had right knee and low back pain and developed severe swelling. He was seen in an emergency room and placed in a brace and used crutches. An MRI of the knee in June 2015 which was technically limited showed findings of possible medial and lateral meniscus tears. When the request was made he was participating in aquatic therapy and the progress report was reviewed. He had ongoing restrictions in range of motion and weakness and continued aquatic therapy was requested. He was having gastrointestinal complaints and Ultracin was prescribed. Oral medications have included Tylenol and Motrin. Ultracin is a combination of capsaicin, methyl salicylate, and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.