

<b>Case Number:</b>	CM15-0029333		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/03/2002
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old female reported a work-related injury on 01/03/2002. According to the progress notes dated 1/7/15, the injured worker (IW) reports bilateral shoulder, elbow and wrist pain as well as left fourth finger trigger pain. Diagnoses include bilateral shoulder strain/impingement, carpal tunnel syndrome, ulnar nerve lesion, cervical radiculitis and trigger finger, acquired. Previous treatments include medications and physical therapy. The treating provider requests Norco 5/325mg, #30 and Ultracin Lotion 120ml. The Utilization Review on 01/21/2015 non-certified the request for Norco 5/325mg, #30 and Ultracin Lotion 120ml, citing CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
 Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year. Interm progress notes on pain response are not provided. Failure of Tylenol use or response to opioid weaning is not provided. A controlled substance agreement is not noted. The continued use of Norco is not medically necessary.

**Ultracin 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 analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ultracin contains topical NSAIDs and Capsaicin. In this case, the percent use of Capsaicin is not specified. It is not recommended to exceed .025% of Capsaicin due to lack of additional benefit. In addition, topical NSAIDs have short term benefit and is indicated for arthritis. The claimant does not have a diagnosis of arthritis. In addition, the claimant has previously used other topical analgesics. The continued use of Ultracin is not medically necessary.