

<b>Case Number:</b>	CM15-0090115		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	10/26/2009
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: California

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 is a 51-year-old male, who sustained an industrial injury on 12/26/09. He reported initial complaints of left middle and ring finger and left shoulder pain. The injured worker was diagnosed as having crush injury left hand; left shoulder impingement; lumbar discogenic pain. Treatment to date has included status post left middle finger surgery x 2 (no dates); urine drug screening; medications. Diagnostics included x-rays 3/9/15 and 3/10/15; MRI per injured worker (3/9/15 - reports pending). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker complains of constant left middle finger and ring finger pain radiating to the left elbow. He is a status post-surgery with residual pain rated at 5- 7/10. He also complains of lower back pain that is radiating to both knees on and off since 2011. He also has headache pain. Pain is aggravated with use of left upper extremity and medications somewhat improves pain. Pain is aggravated by overhead work or using left upper extremity and repetitive job duties and causes tingling, numbness, weakness, cramps involving the upper extremity. He has constant lower back pain that radiate to both knees. His headaches are severe at time with visual disturbances. These pains are causing emotional, financial, and marital and work disturbances. The provider is requesting retro Ultracin Topical Cream #1 4/02/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Ultracin Topical Cream Qty 1 4/02/015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Ultracin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the aforementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Ultracin is not medically necessary.