

Case Number:	CM15-0091053		
Date Assigned:	05/19/2015	Date of Injury:	04/16/2013
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on 4/16/2013. Diagnoses include pain in joint, chronic pain syndrome and myalgia/myositis. Treatment to date has included physical therapy, diagnostics, and medications including Tramadol and naproxen. Per the Pain Management Interval report dated 2/18/2015 the injured worker reported right shoulder pain rated as 3/7. Physical examination revealed decreased right shoulder range of motion with crepitus and tenderness to palpation of the cervical paraspinal muscles with twitch response and radiation to trapezius and rhomboid muscles bilaterally. The plan of care included stretching, exercise, diagnostic testing, injections and medications and authorization was requested for Ultracin #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin lotion #120 x 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals
 Page(s): 28-29.

Decision rationale: Guidelines state that topical agents are largely experimental and recommended for the treatment of neuropathic pain when trials of anticonvulsants or antidepressants have failed. In this case, there is no documentation of failure of trials of anticonvulsants or antidepressants. The request for Ultracin lotion with 3 refills is not medically appropriate and necessary.