MAXIMUS Federal Services

Case Number:	CM15-0098340		
Date Assigned:	06/01/2015	Date of Injury:	06/22/2006
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic neck, elbow, and shoulder pain reportedly associated with an industrial injury of June 22, 2006. In a Utilization Review report dated April 27, 2015, the claims administrator approved a request for gabapentin while denying LenzaGel and Ultracin lotion. The claims administrator referenced a RFA form dated April 20, 2015 in its determination, along with several 2014-progress notes. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported multifocal complaints of neck, low back, shoulder, and elbow pain with derivative complaints of psychological stress. The applicant was apparently trying to walk for exercise, it was reported. 7 to 8/10 pain without medications and 5-6 pain with medications was reported. The applicant was using Fosamax, Lidoderm patches, Pamelor, Zocor, vitamin D, and Voltaren gel, it was reported. Further physical therapy was sought. The applicant was not working, it was acknowledged. The attending provider nevertheless maintained in several sections of the notes, that ongoing usage of Pamelor was beneficial. Acupuncture was sought. In a December 16, 2014 progress note, the applicant was described as "disabled" in the social history section of the note. The applicant was described as having issues with fatigue, malaise, and depression, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin 0.025 percent-28 percent-10 percent lotion, 120gm tube, dispense 3 tubes with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Topicals Page(s): 111-112, 105. Decision based on Non-MTUS Citation http://www.ncbl.nlm.nlh.gov/pubmed/8738567.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation ULTRACIN- menthol, methyl salicylate and DailyMeddailymed.nlm.nih.gov/dailymed/getFile.cfm?setid...95e2...ULTRACIN- menthol, methyl salicylate and capsaicin lotion.

Decision rationale: No, the request for Ultracin lotion was not medically necessary, medically appropriate, or indicated here. Ultracin, per the National Library of Medicine (NLM) is an amalgam of menthol, methyl salicylate, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the tertiary ingredient in the compound, is not recommended except as a last line agent, in applicants who have not recommended to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of first line oral pharmaceuticals including Pamelor (nortriptyline) effectively obviated the need for the capsaicin-containing Ultracin lotion at issue. Therefore, the request was not medically necessary.

LenzaGel 4 percent-1 percent topical gel 120gm, dispense 2 tubes, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112. Decision based on Non-MTUS Citation http://dailymed. nlm.nih.gov/dailymed/drugInfo.cfm?setid=e8aa0e47-68e1-462c-a609- 58548448da44ACTIVE INGREDIENTS: Lidocaine HCL 4.00% Menthol 1.00%.

Decision rationale: Similarly, the request for LenzaGel was likewise not medically necessary, medically appropriate, or indicated here. Lenza, per the National Library of Medicine (NLM), is a lidocaine containing topical agent. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing usage of the LenzaGel in question. Ongoing usage of the LenzaGel in question failed to curtail the applicant's dependence on other analgesic medications, including Voltaren gel, the topical compounded Ultracin lotion also in question, and Pamelor (nortriptyline). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the lidocaine-containing LenzaGel in question. Therefore, the request was not medically necessary.