

Case Number:	CM14-0154671		
Date Assigned:	09/24/2014	Date of Injury:	05/14/2008
Decision Date:	11/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 32-year-old man who sustained a work-related injury on May 14, 2008. Subsequently, he developed low back pain. According to the medical report dated August 8, 2014, the patient had recurrent lower back pain radiating to lower extremity with numbness since mid-January 2014, which stabilized after epidural on April 15, 2014. The patient's pain levels were 8/10 prior to any injections and medications. The patient, although improved, continues to have pain which ranges from 6-8/10 without medications. The patient's pain levels with treatment and medications remained stabilized and were 2-4/10. For lumbar spine, the patient underwent certified caudal epidural block and right L5 transforaminal block on February 24, 2009 and May 5, 2009 with pain improvement. The patient underwent diagnostic bilateral L4-5, L5-S1 lumbar facet median nerve block which was certified on July 7, 2009. The patient had complete back relief on the right side, 80% pain relief on the left side. The patient underwent certified bilateral L4-5, L5-S1 lumbar facet medial nerve radiofrequency on December 1, 2009 with pain improvement. The patient's lower extremity pain has completely resolved again with epidural injection performed on April 15, 2014. The patient's previous radiofrequency provided him over 75% pain relief, which persisted until beginning of 2011. His physical examination showed lumbar tenderness with reduced range of motion. Sensory examination revealed normal sensation in the lower extremities. Motor examination revealed normal strength in both of the lower extremities. The patient was diagnosed with lumbar disc disease, lumbosacral disc disease, lumbar and thoracic radiculitis, and lumbar facet syndrome. The provider requested authorization for Ultracin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines' section on Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined with other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ultracin cream is effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above Ultracin is not medically necessary.