

<b>Case Number:</b>	CM13-0002890		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	07/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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:

This is a male patient with a date of injury of December 28, 2011. A utilization review determination dated July 6, 2013 recommends non-certification of urine drug screen and Exolenc. A progress report dated October 24, 2013 indicates that the patient continues to have pain in the left elbow as well as insomnia related to the pain. The patient symptoms have improved since surgery on April 9, 2013. The note indicates that, "[REDACTED] states that his pain is well controlled with medication." Physical examination identifies a well-healed scar from the triceps region to the biceps. There is decreased sensation of the left extensor surface of the forearm and full range of motion with pain at end ranges. Diagnoses includes: status post repair of deep laceration of left upper arm, extensor tendinitis, left upper extremity neuropathy, left elbow lateral epicondylitis, and neuroma. A review of records includes a urine toxicology analysis on August 22, 2013 indicating hydrocodone was prescribed but not detected. The physician's treatment plan includes a request for functional capacity evaluation, refill of medication, and request Exoten-C pain relief lotion refill. A progress report dated August 22, 2013 indicates that a urine toxicology analysis was performed on June 24, 2013 which identified the hydrocodone was prescribed but not detected in the urinalysis. A progress report dated May 13, 2013 includes a review of records identifying a urine toxicology analysis performed on April 1, 2013 stating, "Gabapentin prescribed and not detected."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EXOLEN-C (METHYL SALICYLATE 20% MENTHOL, 10% CAPSAICIN 0.002%)  
113.4 G: Upheld**

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

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

**Decision rationale:** Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha_1$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\beta_3$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic<sup>®</sup> (fentanyl transdermal system). Chronic Pain Medical Treatment Guidelines 8 C.C.R.  $\S$  9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-112 of 127 Regarding request for Exolen-C, Exolen-C is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues

**Urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s76-79.

**Decision rationale:** Regarding the request for a urine drug test, Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. Within the documentation available for review, the requesting physician has not explicitly stated that the patient is taking a controlled substance medication (although the use of hydrocodone has been inferred). There is no documentation indicating that a controlled substance is being prescribed, how it is to be taken, and what the patient's response to this medication might be. Additionally, there are numerous urine drug screens which have had inconsistent results, and the requesting physician has not documented what he has done as a result of those urine drug screen outcomes. It seems unnecessary to request repeat urine drug screens, if the inconsistent results from previous urine drug screens have not yet been dealt with. In the absence of clarity regarding those issues, the currently requested urine drug screen is not medically necessary.