

<b>Case Number:</b>	CM13-0011189		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 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 patient is a 55 years old female with an injury date on 03/14/2010. According to a report dated 07/10/2013, the patient complains of left shoulder pain, neck and low back pain. Pain is rated as a 6/10. Physical exam reveals mild tenderness and spasm over the spinous process of C3to C7, cervical paravertebral muscles, spinous process of L1toL5, lumbar paravertebral muscles, AC joint and scapular area. Cervical and lumbar ranges of motion are decreased. There were no other significant findings noted on this report. The utilization review denied the request on 07/25/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/2013 to 07/10/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Xoten C Pain Relief Gel (Topical Medication): Upheld**

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

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

**Decision rationale:** According to the 07/10/2013, report by [REDACTED] this patient presents with left shoulder pain, neck and low back pain. The physician is requesting Xoten C gel 120 ml. Xoten C contain Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS states, "Indications: 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." In this patient, there are no diagnoses of peripheral joint arthritis or tendinitis for which topical NSADs are indicated. MTUS specifically speaks against it's use for spinal conditions. Therefore, the request for Xoten C Pain Relief Gel (Topical Medication) is not medically necessary and appropriate.