

<b>Case Number:</b>	CM13-0012239		
<b>Date Assigned:</b>	09/26/2013	<b>Date of Injury:</b>	11/09/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	07/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 interventional spinal medicine 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.

### 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 49-year-old with injury from 11/9/12, suffers from chronic neck and upper extremity pain. Request for Xoten lotion was denied according to the utilization review (UR) letter dated 7/29/13, as Capsaicin was not indicated for the patient who has not been documented to have failed other treatments. [REDACTED] report from 6/7/13 states that the patient has bilateral upper extremity complaints, with significant shoulder and arm pain as well neck pain. Subacromial injection did help. Listed dx: Cervical strain, thoracic strain, L4-5 stenosis, L3-5 annular tear, right shoulder partial tear of rotator cuff, left shoulder impingement, bilateral tennis elbow, carpal tunnel syndrome, right scapholunate ligament injury, right wrist sprain... He recommended Soten-C lotion, and Naproxen. 6/28/13 report has persistent numbness and tingling in her hands and continues to drop things, working modified duty, pain levels moderate to severe and constant. Right Carpal tunnel release is indicated, no meds that day. 5/17/13 report is also reviewed. Subacromial injection was provided, requesting right carpal tunnel release. No discussion on what meds the patient is on. 4/19/13 report shows right shoulder pain, subacromial injection previously with improvement. No discussion regarding what meds the patient is on. Patient to continue wrist brace, possibly repeat shoulder injection. 8/20/13 report is by [REDACTED] appealing denial for Xoten-C lotion. He lists the patient's dx, and pain in the c-spine with radiation down to elbow bilaterally. Xoten-C to be used for pain symptoms. Treatments should be comprehensive and he quotes MTUS 111-112 for topical compounds recommended as an

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xoten-Clotion 0.002%/10%/20%, 120 ml:** Overturned

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

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

**Decision rationale:** According to the California Pain Medical Treatment Guidelines, there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Xoten-Clotion contains salicylate and Capsaicin, both of which are indicated for arthritic and tendinitis chronic pain conditions. This patient suffers from both of these. The patient continues to be symptomatic despite conservative care. Topical cream trial is reasonable. Only a short-term use for 4-12 weeks are recommended for topical NSAIDs, and Capsaicin has a questionable value for long term relief as well. The patient's response will need to be monitored to determine long-term use of the topical lotion. The request for Xoten-Clotion 0.002%/10%/20%, 120 ml, is medically necessary and appropriate. According to the California Pain Medical Treatment Guidelines, there are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Xoten-Clotion contains salicylate and Capsaicin, both of which are indicated for arthritic and tendinitis chronic pain conditions. This patient suffers from both of these. The patient continues to be symptomatic despite conservative care. Topical cream trial is reasonable. Only a short-term use for 4-12 weeks are recommended for topical NSAIDs, and Capsaicin has a questionable value for long term relief as well. The patient's response will need to be monitored to determine long-term use of the topical lotion. The request for Xoten-Clotion 0.002%/10%/20%, 120 ml, is medically necessary and appropriate.