

Case Number:	CM13-0012762		
Date Assigned:	09/30/2013	Date of Injury:	08/12/2011
Decision Date:	12/12/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational 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 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:

This patient is 59 y/o female who developed persistent spinal and left hand pain subsequent to an injury dated 8/12/11. She has been diagnosed with chronic cervical and lumbar pain. No radiculopathic features are documented. She has also been diagnosed with left shoulder impingement and left hand strain/sprain. She has been treated with physical therapy and various oral and/or topical regimens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten C Pain Relief gel 120ml BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Topical Analgesics Page(s): 105, 111-113.

Decision rationale: Xoten pain relief gel is a compounded blend of over the counter products consisting of Methyl Salicylate, Menthol and Capsaicin .002%. MTUS Guidelines supports the use of topical salicylates, but notes its use should be based on common over the counter products such as Ben-Gay. No support for special compounding is in the Guidelines. In addition, MTUS Guidelines specifically do not recommend the use of a .002% strength of Capsaicin and the

Guidelines state that if a single ingredient is not recommended the compound is not recommended. The compounded Xoten pain relief gel is not supported by Guidelines and is not medically necessary.