

Case Number:	CM13-0015305		
Date Assigned:	03/12/2014	Date of Injury:	11/09/2012
Decision Date:	04/04/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/22/2013

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 Internal Medicine and is licensed to practice in New York. 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 female with a date of injury on 11/09/2012. On 07/19/2013 she had neck, right shoulder and back pain. She had numbness and tingling on her right hand. Phalen sign and Tinel sign were positive at the right wrist. Right shoulder was positive for impingement. Lumbar range of motion was limited. L4 and L5 dermatomes sensation was abnormal. The listed diagnoses include cervical strain, thoracic strain, right shoulder partial rotator cuff tear with bursitis, left shoulder impingement, bilateral carpal tunnel, bilateral tennis elbow, right wrist sprain, bilateral knee contusion. The topical agent was prescribed to treat her pain - site unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

XOTEN-C LOTION 0.002% / 10% / 20% 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 111.

Decision rationale: MTUS page 111 notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine safety or efficacy. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants failed. Any compounded product that contains at least one drug or drug class that is not recommended is

not recommended." The use of a topical analgesic was for pain and the site of the pain or which part of the body was not specified. There is no documentation of failure of anticonvulsants or antidepressants. Xoten-C is a compound drug of Menthol, methyl salicylate and capsaicin. There is no documentation that menthol is effective treatment so this compound medication is not recommended. The use of compound topical analgesics in this patient is not consistent with MTUS guidelines.