

Case Number:	CM13-0017616		
Date Assigned:	10/11/2013	Date of Injury:	04/04/2008
Decision Date:	01/06/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/28/2013

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 & Rehabilitation 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 underlying date of injury in this case is 04/04/2008. This patient is a 37-year-old female. Her treating diagnoses include right knee pain status post arthroscopy, multilevel lumbar disc desiccation, right ulnar neuritis, and depression/anxiety. The patient had also been noted to have the diagnosis of lumbar radiculitis. An initial physician review in this case indicated that there was not sufficient information to render a decision in this case. A treating physician note of 05/07/2013 reports that the patient complained of increased right knee pain and back pain as well as right wrist symptoms. The treating provider recommended continued medication to decrease the patient's symptoms, noting that Xoten-C lotion would be used as a topical agent to treat the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten-C lotion provided on 7/3/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Medical Treatment Utilization Schedule states that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records do not contain such

recommended details regarding this medication. Additionally it is noted that with regard to the component ingredient capsaicin, the same guidelines, page 112, state that it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The medical records do not indicate that the patient meets these criteria. Overall the medical records and guidelines do not support this request. The request for Xoten-C lotion is not medically necessary and appropriate.