

Case Number:	CM13-0017944		
Date Assigned:	10/11/2013	Date of Injury:	04/05/2009
Decision Date:	01/02/2014	UR Denial Date:	08/19/2013
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 and 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 Physician Reviewer's decision rationale: Xoten lotion contains Salicylate which is an NSAID. This agent is recommended for a short term use for osteoarthritis and tendonitis of the peripheral joints. The reports do not document these diagnoses. The treater's reports only indicate that the patient has strain/sprain and generalized pains. While the treater describes "elbow pain," it lack a diagnosis of tendonitis such as epicondylitis. Furthermore, Capsaicin has indications for osteoarthritis, fibromyalgia and chronic non-specific back pain. However, it should be used when oral medications are not tolerated. While the treater makes the argument that the combination of oral and topical should work better, his notes do not indicate why a topical agent is needed. The treater only states that medications have been helpful and I have to assume that oral medications have been helpful. Again, if one of the topical agents are not authorized, then combination cream/lotion cannot be authorized. In this case the salicylate is not indicated, and Capsaicin is also not indicated. The request for the use of Xoten-C lotion 0.002%/10%/20% 120 ml, apply a thin layer two to three times a day is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

The acupuncture for right shoulder two times a week sessions for five weeks (2 time 5):
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesics, Opioids, Page(s): 111-113, 76-80, 91-94.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: While the treater makes the argument that the employee had "markedly" improved from prior treatments, the treater does not provide any details. It is not known when the employee has had prior treatments and for how many sessions. There is no documentation of how exactly the treatments were helpful, whether or not the employee decreased the use of medication, dependence on other treatments and whether or not specific functional gains were made such as return to work. This employee is currently working and highly functional. The treater does not document why acupuncture treatments are needed at this time other than just for pain. MTUS does not recommend additional treatments unless functional improvement is documented in terms of reduction of medication use, decreased dependence to treatments and/or return to work or other functional improvement, merely stating that the employee markedly improvement is insufficient. The request for the acupuncture for right shoulder two times a week sessions for five weeks (2 time 5) is not medically necessary and appropriate.

The use of Xoten-C lotion 0.002%/10%/20% 120 ml, apply a thin layer two to three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesics, Opioids Page(s): 111-113, 76-80, 91-94.

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

Decision rationale: The Physician Reviewer's decision rationale: Xoten lotion contains Salicylate which is an NSAID. This agent is recommended for a short term use for osteoarthritis and tendonitis of the peripheral joints. The reports do not document these diagnoses. The treater's reports only indicate that the patient has strain/sprain and generalized pains. While the treater describes "elbow pain," it lack a diagnosis of tendonitis such as epicondylitis. Furthermore, Capsaicin has indications for osteoarthritis, fibromyalgia and chronic non-specific back pain. However, it should be used when oral medications are not tolerated. While the treater makes the argument that the combination of oral and topical should work better, his notes do not indicate why a topical agent is needed. The treater only states that medications have been helpful and I have to assume that oral medications have been helpful. Again, if one of the topical agents are not authorized, then combination cream/lotion cannot be authorized. In this case the salicylate is not indicated, and Capsaicin is also not indicated. The request for the use of Xoten-C lotion 0.002%/10%/20% 120 ml, apply a thin layer two to three times a day is not medically necessary and appropriate.