

Case Number:	CM13-0020390		
Date Assigned:	10/11/2013	Date of Injury:	06/16/2009
Decision Date:	02/03/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 Oklahoma and Texas. 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 47-year-old male with a reported date of injury on 06/16/2009. The patient presented with left shoulder pain, back pain, leg pain, lumbar paraspinal muscle tenderness, muscle spasms and guarding in the lumbar spine and decreased sensation at the L5 dermatome bilaterally. The hamstrings were tight bilaterally. The patient had a positive impingement maneuver in the left shoulder and acromioclavicular joint pain in the left shoulder. Resisted abduction caused pain in the left shoulder; the anterior and lateral deltoid was tender on the left side. There was weakness on abduction in the left shoulder, and the biceps tendon on the left was tender. The patient had diagnoses including a cervical strain, lumbar strain, left shoulder impingement syndrome, joint pain, insomnia and multiple loose teeth. The physician's treatment plan included a request for Xoten-C lotion 0.0002%/10%/20% at 120 mL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten-C lotion 0.0002%/10%/20% at 120 mL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation National Institutes of Health

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

Decision rationale: Xoten-C lotion is comprised of methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines state that any compounded product that contains at least 1 drug

or drug class that is not recommended is not recommended. The Chronic Pain Medical Treatment Guidelines note topical salicylate is significantly better than placebo in chronic pain. The Chronic Pain Medical Treatment Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Within the provided documentation, it did not appear that the patient had a diagnosis of osteoarthritis, postherpetic neuralgia or diabetic neuropathy. Per the provided documentation, it did not appear that the patient had not responded to or was intolerant of other treatments. The request for Xoten-C lotion 0.0002%/10%/20% at 120 mL is not medically necessary or appropriate.