

<b>Case Number:</b>	CM13-0022939		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 66-year-old woman who sustained a work-related injury on April 3, 1998. Subsequently, the patient developed chronic knee pain and lumbar pain. The patient underwent left knee arthroscopy on October 2000 and right knee arthroscopy on October 1, 2001. According to a note dated on June 20, 2013, the patient was reported to have persistent right knee pain with swelling and limitation of range of motion. The physical examination demonstrated muscle tenderness, muscle spasm, and reduced range of motion of the right knee. The provider requested authorization to prescribe a topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XOTEN-C LOTION (METHYL SALICYLATE 20%/MENTHOL 10%/CAPSAICIN 0.002%) #113 GRAMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** According to the Chronic Pain Medical Treatment guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine

effectiveness or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one (1) drug or drug class that is not recommended is not recommended. Xoten-C lotion (methyl salicylate 20%/menthol 10%/capsaicin 0.002%) #113 grams contains capsaicin, which is a topical analgesic, and is not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, Xoten-C lotion is not medically necessary.