

Case Number:	CM13-0026450		
Date Assigned:	11/22/2013	Date of Injury:	12/04/2003
Decision Date:	01/27/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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 Pain Management, has a subspecialty in Disability Evaluation, 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. 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 claimant is a 61 years old female production assistant with a date of injury of 12/04/2003. The carrier accepted gastrointestinal/GERD, right shoulder, left shoulder, left wrist, neck and Psyche as injured body parts for this claim. The mechanism of injury was not found in the medical records provided for review. She is not working. Treatment has involved several surgeries, including: Left carpal tunnel release (4/26/05), Left Shoulder arthroscopy (4/30/2007); revision right rotator cuff repair (4/12/2010); revision of carpal tunnel release (8/22/2011); revision of carpal tunnel release (1/23/2012). In [REDACTED] most recent report dated 9/15/2012, he indicated that the subject complaints were that the patient was looking forward to a cervical epidural injection. Exam documented cervical tenderness and guarding decreased cervical flexion, right shoulder tenderness and limited motion. Work status was Permanent and Stationary. Exoten-C lotion was recommended by [REDACTED] on 8/29/2013, which is the subject of this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C pain relief lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 28, 111-113.

Decision rationale: EXOTEN-C- is topical analgesics with the following active ingredients: Methyl salicylate 20%; Menthol USP 10%; Capsaicin 0.002% used relief of mild pain due to muscular strain, arthritis, and simple back pain. It is recommended for temporary relief of pain. According to Chronic Pain Medical Treatment Guideline, MTUS (Effective July 18, 2009) pages 28, 111 to 113, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Although MTUS made no mention of Menthol as a recommended topical analgesic, however literature search of Journal of Pharmacology and Experimental Therapeutics Published on September 5, 2012 revealed that Menthol is one of the most commonly used chemicals in our daily life, not only because of its fresh flavor and cooling feeling but also because of its medical benefit. Previous studies have suggested that menthol produces analgesic action in acute and neuropathic pain through peripheral mechanisms. However, the central actions and mechanisms of menthol remain unclear. Recent studies report that menthol has direct effects on the spinal cord. Menthol decreased both ipsilateral and contralateral pain hypersensitivity induced by complete Freund's adjuvant in a dose dependent manner. Menthol also reduced both first and second phases of formalin-induced spontaneous nocifensive behavior. According to CAMTUS (effective July 18, 2009) there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Therefore the request for EXoten-C lotion is not medically necessary.