

<b>Case Number:</b>	CM13-0026476		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/20/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, wrist, shoulder, and elbow pain reportedly associated with an industrial injury of January 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; topical compounds; attorney representation; unspecified amounts of physical therapy; one prior epidural steroid injection; and extensive periods of time off work. In a utilization review report of September 9, 2013, the claims administrator approved prescriptions for Voltaren extended release and Norco while denying prescriptions for topical Xoten lotion and cyclobenzaprine. The applicant's attorney later appealed. An earlier progress note of July 30, 2013 is notable for comments that the applicant reports persistent low back pain with weakness about the left lower extremity. The applicant is reportedly using Zestril, Norco, and Soma. An epidural steroid injection is endorsed. A later note of August 29, 2013 is notable for comments that the applicant is given tramadol, Norco, and Percocet for pain relief and is asked to remain off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xoten-C Lotion 0.002%/10%/20% 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics. Page.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 111..

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for usage of topical compounds such as Xoten, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, as noted previously, the applicant is using several oral pharmaceuticals, including Norco, tramadol, Voltaren, etc. No compelling rationale has been made for concomitant usage of the largely experimental topical compound. Therefore, the request is not certified.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 41..

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using numerous other oral and topical agents, including tramadol, Voltaren, Norco, etc. Using or adding cyclobenzaprine in conjunction with these other medications is not recommended. Therefore, the request is not certified.