

Case Number:	CM13-0028634		
Date Assigned:	11/27/2013	Date of Injury:	01/29/2010
Decision Date:	02/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family and is licensed to practice in 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. 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 39-year-old male who reported an injury on 01/29/2010 with mechanism of injury being the patient fell from a ladder. The patient was noted to have right knee following an arthroscopy on 11/02/2010 and was noted to have L4-5 discogenic pain with stenosis and right lower extremity radiculopathy along with L5-S1 spondylolisthesis; discogram negative. The documentation submitted for the date of service indicated the patient had lumbar paraspinals that were tender and spasms were present along with guarding. It was noted the physician would prescribe Xoten-C lotion to decrease the patient's symptoms and hydrocodone/APAP for breakthrough pain.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105, 111-112. Decision based on Non-MTUS Citation <http://www.drugs.com/otc/109253/xoten-c.html>

Decision rationale: Drugs.com indicated it is a topical analgesic containing Methyl salicylate, Menthol and 0.02% capsaicin. The California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." California MTUS Guidelines recommend treatment with topical salicylates. The clinical documentation submitted for review failed to provide the patient had not responded or was intolerant to other treatments. Additionally, it failed to provide exceptional factors to warrant non-adherence to guideline recommendations. The clinical documentation failed to provide the efficacy of the requested medication. Given the above, the request for Xoten-C lotion 0.002%/10%/20% 120 mL is not medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Hydrocodone/APAP.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Hydrocodone/APAP Page(s): 78, 91.

Decision rationale: California MTUS Guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the recommended "4 A's." Given the above, the request for hydrocodone /APAP 10/325 mg #60 is not medically necessary.