

Case Number:	CM13-0029098		
Date Assigned:	11/01/2013	Date of Injury:	08/06/2012
Decision Date:	02/11/2014	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 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 pain, hip, and pelvic pain reportedly associated with an industrial injury of August 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; epidural steroid injections; transfer of care to and from various providers in various specialties; adjuvant medications; and long and short acting opioids. In a utilization review report of November 6, 2013, the claims administrator certified a request for Senna, non-certified a request for Restone, and non-certified a request for topical Exoten lotion. The applicant's attorney later appealed, on September 20, 2013. A later note of October 21, 2013 is notable for comments that the applicant was issued refills of Exoten, Protonix, Restone, Senna, Neurontin, Percocet, and BuTrans. The applicant was reporting low back pain radiating to the bilateral lower extremities, 7/10 with meds and 9/10 without medications. A slow and antalgic gait with the aid of a cane with limited range of motion was also noted. The applicant's work status is not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Xoten-C lotion 120mi: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28. Decision based on Non-MTUS Citation Electronic Source: DailyMed- OTEN-C (methyl salicylate, menthol, capsaicin) lotion - DailyMed.

Decision rationale: As noted by the National Library of Medicine, Exoten is a topical compounded amalgam of methyl salicylate, menthol, and capsaicin. One of the ingredients in the topical compound, however, capsaicin, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, is considered a last line agent, to be employed only in those individuals who have not responded to and/or are intolerant to other treatments. In this case, however, the attending provider has suggested that the applicant is responding favorably to the first-line oral pharmaceuticals, including Percocet and Neurontin, effectively obviating the need for largely experimental topical agents or topical compounds, such as Exoten. The request for Xoten-C lotion 120mi is not medically necessary and appropriate

Thirty tablets of Pantoprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, individuals who are considered a high risk for gastrointestinal events includes individuals who are greater than 65 years of age, individuals who are using multiple NSAIDs, individuals with a history of gastrointestinal bleeding or peptic ulcer disease, and/or individuals using NSAIDs in conjunction with corticosteroids. In this case, there is no evidence that the applicant meets any of the aforementioned criteria. The applicant is 40 years old (less than 65), does not appear to be using any NSAIDs, and is not using any corticosteroids. Thus, the applicant is not an individual with high risk for gastrointestinal events for which prophylactic usage or Protonix would be indicated. The request for 30 tablets of Pantoprazole 20mg is not medically necessary and appropriate.

Ninety tablets of restone 3-100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, and the Electronic Source: <http://www.drugs.com/cdi/restone.html>-Restone

Decision rationale: Official Disability Guidelines (ODG), Chronic Pain Chapter, and the Electronic Source: <http://www.drugs.com/cdi/restone.html>-Restone