

Case Number:	CM13-0031400		
Date Assigned:	12/04/2013	Date of Injury:	04/13/2004
Decision Date:	10/08/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Family Practice, and is licensed to practice in Texas and Georgia. 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 injured worker is a 72-year-old female who reported an injury on 04/13/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 08/26/2013 indicated diagnoses of L4-5 and L5-S1 herniated nucleus pulposus, traumatic lumbar discopathy, left hip arthrosis, disc protrusion lumbar, radiculopathy lower, positive discograms at L2-3, L3-4, L4-5, and L5-S1, left knee pain status post lumbar hardware removal dated 12/05/2009, status post lumbar spine fusion, and positive junction pathology. The injured worker reported increased low back pain with bilateral lower extremity radiculopathy that was right sided dominant. The injured worker reported that she had recently undergone an abdominal surgery due to a gastrointestinal obstruction. On physical examination of the lumbar spine, there was tenderness to palpation of the paraspinal musculature with guarding on palpation over the lumbar musculature. The injured worker's treatment plan included authorization for an MRI, continue with conservative measures, and medications. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, tizanidine, and Exoten-C lotion. The provider submitted a request for Exoten-C lotion. A Request for Authorization dated 08/26/2013 was submitted for Exoten-C lotion; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C lotion 0.002/10/20%, #113.4ml to be Applied to Affected Area 2-3 Times a Day:
Upheld

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

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

Decision rationale: The request for Exoten-C lotion 0.002/10/20%, #113.4ml to be applied to affected area 2-3 times a day is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It was not indicated that the injured worker had tried and failed antidepressants or anticonvulsants. In addition, Exoten-C lotion contains capsaicin. It was not indicated that the injured worker was unresponsive or intolerant to other treatments. Furthermore, there is a lack of documentation of efficacy and functional improvement with the use of this lotion. In addition, the request does not indicate a quantity. Therefore, the request for Exoten-C lotion is not medically necessary.