

<b>Case Number:</b>	CM13-0036590		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/28/2009
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine and Rehabilitation 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 70-year-old male who reported injury on 03/28/2009 with the mechanism of injury being the patient had a slip and fall off an icy roof. The physical examination revealed the patient had decreased range of motion on flexion and extension. The patient had tenderness to palpation on the posterior and anterior aspect of the bilateral shoulders and full range of motion. The patient had tenderness to palpation on the thoracic spine paraspinals. The patient's diagnosis was noted to be rotator cuff syndrome of the shoulder and allied disorders. The request was made for naproxen sodium and Exoten C.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retro exoten- C pain relief lotion apply to affected area 2 times a day prn:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Topical Analgesics Topical Capsaicin Page(s): 105; 111; 28. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.drugs.com/otc/109253/xoten-c.html>

**Decision rationale:** California MTUS state that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety...are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least 1 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. Drugs.com indicates Exoten C is a topical analgesic containing methyl salicylate, menthol and 0.02% capsaicin. The clinical documentation submitted for review failed to provide documentation of the patient's objective functional benefit received from the medication. Additionally, it failed to indicate the patient had had a trial and failure of antidepressants and anticonvulsants and that the patient had not responded or was intolerant to other treatments. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for retro exoten- C pain relief lotion apply to affected area 2 times a day prn is not medically necessary.