

Case Number:	CM13-0037634		
Date Assigned:	12/18/2013	Date of Injury:	02/11/2009
Decision Date:	05/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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 applicant is a represented former gardener who has filed a claim for chronic low back pain, chronic knee pain, and chronic pain syndrome reportedly associated with an industrial injury on February 11, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior knee surgeries, including a total knee arthroplasty; transfer of care to and from various providers in various specialties; topical agents; a 36% whole-person impairment rating; and extensive periods of time off of work. In a Utilization Review Report of October 4, 2013, the claims administrator approved a request for tramadol and denied a request for Xoten lotion. The applicant's attorney subsequently appealed. A November 26, 2013 progress note is notable for comments that the applicant is off of work, on total temporary disability, status post multiple knee surgeries including removal of painful hardware on November 11, 2013. Physical therapy is sought. The applicant is asked to diminish usage of crutches. An earlier note of November 18, 2013 is notable for comments that the applicant should employ oral Norco for breakthrough pain and Prilosec for dyspepsia. In an earlier note of October 21, 2013, the attending provider appealed the denial for topical Xoten lotion, which the attending provider stated that he intended to employ in conjunction with other pain modalities, including first-line oral pharmaceuticals.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF XOTEN-C LOTION #113 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Finnish Medical Society Duodecim, Palliative treatment of cancer. In: EBM Guidelines. Evidence-Based Medicine (internet). Helsinki, Finland: Wiley Interscience. John Wiley & Sons; 2007 May 22

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that oral pharmaceuticals are a first-line palliative method. In this case, the applicant has been described on various occasions as using numerous first-line oral pharmaceuticals, including Norco, and tramadol, effectively obviating the need for topical agents such as Xoten, which are "largely experimental", according to the Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.