

Case Number:	CM13-0039878		
Date Assigned:	12/20/2013	Date of Injury:	08/06/2004
Decision Date:	01/31/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/28/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported a work-related injury on 08/06/2004, when he slipped, fell, and injured his low back. The patient underwent back surgery. His diagnoses include history of lumbar decompression, status post placement of spinal cord stimulator, urological diagnosis, psychological diagnosis, bilateral impingement syndrome, chronic pain syndrome, and internal medicine diagnosis. The patient has continuing complaints of low back pain. A request has been made for Xoten topical lotion, 3 tubes/Exoten-C relief lot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten topical lotion 3 tubes/Exoten-C relief lot: 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): 111-113.

Decision rationale: Per recent clinical notes provided for review, the patient had continuing complaints of low back pain and stated his right shoulder pain had become progressively severe over the last month due to utilizing his upper extremities when rising from a seated position, as he had such severe back pain and leg pain. MRI of the patient's right shoulder revealed a partial

thickness tear of the supraspinatus tendon. The patient indicated his spinal cord stimulator had not been providing him with any significant benefit any longer. The patient was noted to be unsteady on his feet. The patient had restricted range of motion to the lumbar spine and strength in the lower extremities was globally intact. Exoten-C topical lotion contains methyl salicylate 20%, menthol USP 10%, and capsaicin 0.002%. California Medical Treatment Guidelines for chronic pain indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was a lack of evidence stating the patient had a trial of antidepressants or anticonvulsants. There was lack of documentation noting the patient's medication use. California Chronic Pain Medical Treatment Guidelines indicate that many agents are compounded as monotherapy or in combination for pain control, and there is little to no research to support the use of many of these agents. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There was a lack of documentation stating the patient had not responded to or been intolerant to other treatments for his pain. Guidelines further state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. As such, the decision for Xoten topical lotion 3 tubes/Exoten-C relief lot is non-certified.