

Case Number:	CM13-0040838		
Date Assigned:	06/09/2014	Date of Injury:	08/15/2009
Decision Date:	07/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine and is licensed to practice in New York, Colorado, California, and Kentucky. 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 41-year-old male who had a work related injury on 08/15/09. The injury occurred when he was a motorcycle police officer for the [REDACTED]. He was on the highway and apparently a car pulled out in front of him and the handlebars on his motorcycle hit the mirror on the car causing him to veer off, the injured worker apparently stuck his leg down to keep his motorcycle upright. The injured worker had complaints of neck, back, and leg pain at that time. He was taken to the emergency room via emergency medical services (EMS). The injured worker was treated with physical therapy, anti-inflammatory medication, Norco, and Ultram. The injured worker did develop gastrointestinal discomfort from chronic medication use. The injured worker was then started on Exoten-C lotion. Physical examination showed slight tenderness to palpation over the spinous process at L5-S1 and paravertebral muscles of the lumbar spine. Gait was normal. Straight leg raise was negative bilaterally. Strength was rated 5/5 bilaterally in the lower extremities. He did have some hypoesthesia noted over the L5 dermatome on the right. Sensation was within normal limits noted at L3, L4, L5, and S1 dermatomes on the left as well as the L3, L4, and S1 dermatomes on the right. MRI (magnetic resonance imaging) dated 10/06/09 showed broad based disc protrusion at L5-S1 with no foraminal narrowing. The request is for Exoten-C lotion. Based on review of the documents, the injured worker continues to have back and leg symptoms. He is on Prilosec for gastrointestinal distress. The injured worker has a 5 year history of back and leg pain related to the work related injury on 08/15/09. Because of the chronic use of medications, he developed gastritis and was prescribed the Exoten-C lotion. Because of his gastrointestinal problems, I would recommend continuation of the Exoten-C lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF EXOTEN-C LOTION 120ML ([REDACTED])
BETWEEN 10/7/2013 AND 10/7/2013: Overturned**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: According to the documentation submitted for review, the injured worker is on Prilosec for gastrointestinal distress. The injured worker has a 5 year history of back and leg pain related to the work related injury on 08/15/09. Because of the chronic use of medications, he developed gastritis and was prescribed the Exoten-C lotion. Because of the documented gastrointestinal problems, the continuation of the Exoten-C lotion is medically necessary and appropriate.