

Case Number:	CM13-0045440		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2012
Decision Date:	05/22/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation 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 case involves a 40 year-old female with an 8/6/12 industrial injury claim. She has been diagnosed with chronic pain, lumbar radiculopathy, lumbar degeneration, anxiety, right hip pain, trochanteric bursitis and medication related dyspepsia. According to the 10/21/13 pain management report from [REDACTED], the patient presents 7-9/10 pain in the lower back that radiates down the lower extremities. The pain is 7/10 with medications, and 9/10 without. She uses Exoten-C lotion, Pantoprazole, Restone, Senna, Gabapentin, Percocet 5/325mg tid, Butrans 5mcg/h patch q7days. [REDACTED] provided a Toradol injection and vitamin B12 injection. On 11/4/13 a Utilization Review denied Restone and Exoten-C lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF RESTONE 3/100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: According to the 10/21/13 pain management report included in the medical records provided for review, the patient presents 7-9/10 pain in the lower back that radiates down

the lower extremities. The pain is 7/10 with medications, and 9/10 without. Restone is not classified as a drug by the FDA. It is a supplement of melatonin and L-tryptophan. Since it is not a drug, it is not FDA approved to treat any medical condition. The use of Restone for treatment of insomnia is not in accordance with FDA regulations. Consequently, the request is not medically necessary and appropriate.

1 TUBE OF EXOTEN-C LOTION 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

Decision rationale: According to a 10/21/13 pain management report, the patient presents 7-9/10 pain in the lower back that radiates down the lower extremities. The pain is 7/10 with medications, and 9/10 without. According to the 10/21/13 report, this medication is composed of methyl salicylate 20%, menthol 10%, and Capsaicin 10%. The MTUS Chronic Pain Guidelines gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This medication is reported to have a very high concentration of Capsaicin. The MTUS Chronic Pain Guidelines regarding Capsaicin states: "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy...There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." MTUS Chronic Pain Guidelines does not appear to support use of Capsaicin over 0.025%, and states very high doses should be considered experimental. The Capsaicin level in this topical product would not be recommended by the MTUS Chronic Pain Guidelines, therefore the whole compounded product that contains 10% Capsaicin is not recommended. The request is not medically necessary and appropriate.