

Case Number:	CM13-0048307		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2012
Decision Date:	02/20/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/05/2013

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

Patient is a 54-year-old who had a work injury on 8/6/12 to her neck, low back and right leg. Her diagnosis includes: Cervical strain, thoracolumbar strain, right shoulder bursitis with acromioclavicular joint pain, post traumatic vertigo, and right shoulder impingement with acromioclavicular joint pain. There is a request for a right shoulder arthroscopic subacromial decompression with Mumford procedure on a document dated 11/26/13. Per 11/13/13 patient is not working. She complains of persistent right shoulder pain. On physical exam she has positive impingement with acromioclavicular joint pain, tender biceps tendon and limited range of motion. The patient has undergone a course of treatment for neck and shoulder complaints which has included medications, activity restrictions, physical therapy and other modalities. Despite the above noted course of treatment, the patient has remained symptomatic and functionally impaired. MRI of the right shoulder performed on 10/5/12 was reported to show no evidence of rotator cuff tear. There is a request to review the medical necessity for Xoten-C topical analgesic 0.002/10/20% 120ml per report of 8/22/13 which was denied on prior UR review.

IMR ISSUES, DECISIONS AND RATIONALES

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

non-prescription topical analgesic Xoten-C lotion 0.002/10/20% 120 ml, quantity of one:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111 - 113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, "Topical Analgesics-are largely experimental in use with few randomized controlled trials to determine efficacy or safety."Furthermore, Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents." The request for non-prescription topical analgesic Xoten-C lotion 0.002/10/20% 120 ml, quantity of one, is not medically necessary or appropriate.