

Case Number:	CM13-0051079		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2013
Decision Date:	04/18/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

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 and 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:

This 28 year-old male sustained an injury on 2/19/13 while employed by [REDACTED]. The report from 7/22/13 noted that the patient had complaints of left wrist pain rated as 8/10 that radiated to the left forearm, hand, and fingers with associated numbness and tingling. Exam of the left wrist/hand noted tenderness to palpation of the carpal bones and wrist joint. Range of motion was limited by pain. There was a positive Tinel's test, and decreased sensation in the 1st through 3rd digits. Diagnoses included left wrist/hand crush injury, left wrist/hand fracture, left forearm cramping, stress, and insomnia. The treatment plan include chiropractic care with supervised physiotherapy, acupuncture, range of motion and muscle testing, a TENS unit, hot/cold pack and wrap, and Exoten-C lotion. The patient remained on work restrictions with no use of left hand. Conservative care has included at least eight chiropractic visits and eight acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN-C LOTION: Upheld

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

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

Decision rationale: Exoten-C lotion is composed of 20% methyl salicylate, 10% menthol, and 0.002% capsaicin. Per the MTUS Chronic Pain Medical Treatment Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent; most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesics over oral NSAIDs or other pain relievers. There is no information or clarification regarding medical indication or necessity provided for this topical cream and how it is medically necessary to treat this injured worker. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic. The exoten-C lotion is not medically necessary and appropriate.