

Case Number:	CM13-0051740		
Date Assigned:	04/25/2014	Date of Injury:	05/12/1994
Decision Date:	06/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 65-year-old male presenting with chronic pain following a work-related injury on May 12, 1994. The claimant is status post L4, L5, S1 lumbar fusion. On August 29, 2013 the claimant presented with low back pain that radiates to the lower extremities, and neck pain increasing to an average level of 9 out of 10. The claimant received medial branch blocks on April 5, 2013 and reported greater than 80% reduction in his pain. The physical exam revealed moderate distress, gait slow and Alcala Chick, lumbar range of motion is severely restricted secondary to pain, pain significantly increased with flexion and extension, sensory and motor examination reveals no change, and positive straight leg raise on the right lower extremity for radicular pain at 70°. The claimant was treated with medications including opioids and nonsteroidal anti-inflammatories, and medial branch blocks; the claimant's medications include Norco 5 3/3/25, vitamin D, gabapentin, omeprazole and Xoten. The claimant was diagnosed with lumbar radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, lumbar failed surgery syndrome, status post lumbar fusion, status post lumbar laminectomy, status post spinal cord stimulator implant and chronic pain syndrome. The claim was made for Xoten 6.25/12.5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

XOTEN 6.25/12.5%: Upheld

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

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

Decision rationale: According to California MTUS, Chronic Pain Guidelines, page 111 "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety are not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Xoten 6.25%/12.5% is a compounded drug containing salicylate, capsaicin, and menthol. According to MTUS page 112, Capsaicin is indicated for fibromyalgia, osteoarthritis and non-specific back pain in patients who have not responded or are intolerant to other treatments. At that point only the formulations of 0.025% is recommended as increasing the concentration has not been found to improve efficacy. In regards to salicylate, which is a topical NSAID, MTUS guidelines indicates this medication for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore, the requested medication, Xoten 6.25%/12.5%, is not medically necessary and appropriate.