

<b>Case Number:</b>	CM13-0054116		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The patient reported an injury on 11/29/2006, due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to his cervical spine, bilateral upper extremities, low back, and bilateral knees. The patient's most recent clinical examination revealed that the patient was participating in a home exercise program. However, he had continued neck and back complaints. Physical findings included tenderness to palpation along the cervical, thoracic, and lumbar musculature with limited range of motion in all planes secondary to pain. Evaluation of the patient's bilateral knees revealed tenderness to palpation along the medial and lateral joint lines, and mild intra-articular swelling. The patient's diagnoses included cervical strain, thoracic strain, low back pain with radiculopathy, bilateral shoulder impingement, bilateral elbow strain, bilateral carpal tunnel syndrome, hypertension, depression, and insomnia. The patient's treatment plan included continued use of Xoten-C lotion and other prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xoten compound lotion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested Xoten compound lotion topical analgesic is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics as they are largely experimental and not supported by scientific evidence. The requested compound includes menthol, methyl salicylate, and capsaicin. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol in the management of a patient's osteoarthritic pain. However, capsaicin is only recommended as a topical analgesic after the patient has failed to respond to other first-line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to a trial of antidepressants or anticonvulsants. Therefore, the continued use of this medication is not supported. As such, the requested Xoten compound lotion topical analgesic is not medically necessary or appropriate.