MAXIMUS Federal Services

Case Number:	CM13-0056971		
Date Assigned:	06/09/2014	Date of Injury:	04/22/2008
Decision Date:	07/29/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 is a 62-year-old female with a date of injury of 4/22/08. The pateint has a history of pain in the hands with pain and swelling at the elbows. She reportedly developed a cyst at the left wrist due to cumultative trauma from repetitive work. She was diagnosed with CTS. CTR surgery was done in August of 2008. Following the CTR, the patient had residual numbness and was then referred to another surgical specialist who did second surgery in October of 2010. Unfortunately, the patient worsened after surgery. She remained off work. Though she had post-op Physical Therapy, there was little benefit. She developed depression and began receving psychiatric/psychologic treatment. A request for Xoten-C pain relief lotion was submitted to Utilization Review with an adverse determination rendered on 11/08/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

XOTEN-C PAIN RELIEF LOTION (0.002/10/20%)113.4ML, APPLY A THIN LAYER TO AFFECTED AREA TWO TO THREE TIMES A DAY: Upheld

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

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

Decision rationale: Xoten-C is a compounded topical that contains Methyl Salicylate, Menthol and Capsaicin. The CA MTUS does support use of both singular Capsaicin and topical Salicylates, but does note that with regards to compounded products, they are not recommended if one drug/class is not recommended. Guidelines go on to state that if a compounded agent is required, there should be clear knowledge of the specific analgesic effect of each agent and how it would be useful for a specific goal required. In this case, there is no clear rationale for combining of these two agents, no discussion of how each specific analgesic effect combined into one cream would be useful for a specific goal, and there is no evidence of a clinically significant benefit of this combined agent over the singular agents. Medical necessity for use of Xoten-C is not established.