

Case Number:	CM13-0060713		
Date Assigned:	04/25/2014	Date of Injury:	09/11/2012
Decision Date:	06/09/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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 & 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:

The patient is a 43 year old male with a date of injury of 9/11/2012. Per a progress report of [REDACTED] dated 8/9 2013, the patient presented with upper back pain of 8-9/10 accompanied with stiffness and weakness, neck pain of 6-7/10, and left shoulder pain of 7/10 which is intermittent. Neck examination notes tenderness, spasm, and decreased lateral extension while left shoulder indicated tenderness and decreased extension. Diagnoses by [REDACTED] on this day include cervical spine HNP, thoracic spine HNP, left shoulder tendinitis, obesity, and stress/anxiety. A cervical MRI performed on 10/25/2012 indicates C4/C5 2mm central disc protrusion, C5/C6 3.5mm anterior disc protrusion, and C6/C7 3.1 mm anterior disc protrusion. A thoracic MRI performed on 1/26/013 indicates anterior disc protrusion of 3.1mm at T4/T5 and 4.7 mm at T5/T6. Right anterolateral disc protrusion of 4.7mm is present at T6/T7 and T7/T8.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR EXOTEN-C FOR THE CERVICAL AND THORACIC SPINE AND LEFT SHOULDER DOS:10/7/13: 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): 111-112.

Decision rationale: This patient presents with neck, upper back, and left shoulder complaints. The request is for Exoten-C which is topical analgesic cream containing 20% methyl salicylate, 10% menthol USP, and 0.002% Capsaicin. The MTUS Chronic Pain Guidelines indicate topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration...Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Per the MTUS Chronic Pain Guidelines, methyl salicylate is not recommended for use with the spine. The request is therefore not medically necessary and appropriate.