

Case Number:	CM13-0067732		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2013
Decision Date:	06/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 injured worker is a 41-year-old female who reported an injury on 04/01/2013. The mechanism of injury was not stated. Current diagnoses include cervical spine sprain/strain, right shoulder tendinitis, and bilateral hand/wrist carpal tunnel syndrome/sprain and strain. The injured worker was evaluated on 11/11/2013. The injured worker reported 3/10 pain. Physical examination revealed tenderness in the cervical spine with decreased range of motion and positive compression testing, tenderness of the right shoulder with full range of motion and positive Neer's testing, tenderness of bilateral wrists with full range of motion and positive Tinel's testing bilaterally. Treatment recommendations at that time included prescriptions for tramadol, naproxen, Amitriptyline, and Exoten C lotion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN-C LOTION TWO TIMES DAILY 120 ML: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They

are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.