

<b>Case Number:</b>	CM14-0002133		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/26/2000
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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, has a subspecialty in Interventional Spine 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 case involves a 44 year-old male who was injured on 9/26/2000. He has been diagnosed with cervical radiculitis; lumbar radiculitis; myalgia; right shoulder bursitis; s/p lumbar microdiscectomy and s/p lumbar IDET. According to the 11/8/13 and 12/6/13 pain management reports from [REDACTED], the patient presents with neck pain that radiates to bilateral upper extremities and lower back pain radiates to bilateral lower extremities. The pain is 10/10 without medications, and 5/10 with medications. He had a right shoulder MRI on 10/2/13 which showed tear of the supraspinatus tendon with moderate retraction. He is awaiting authorization for surgery. [REDACTED] recommends Exoten-C lotion, Clorazepate; hydrocodone/APAP, Protonix. On 12/19/13 UR denied Exoten-C and pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DOS: 11/8/13) FOR EXOTEN C PAIN RELIEF LOTION X 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** According to the 11/8/13 pain management report from [REDACTED], the patient presents with neck pain that radiates to bilateral upper extremities and lower back pain radiates to bilateral lower extremities. He is awaiting approval for right shoulder surgical repair of a full thickness rotator cuff tear with retraction. I have been asked to review for Exoten-C for 11/8/13. The 9/13/13, 10/11/13, 11/8/13 and 12/6/13 reports do not discuss efficacy of Exoten-C lotion. The 7/19/13 report states this is a compounded topical with methyl salicylate 20%, Menthol 10% and capsaicin 10%, but no discussion of efficacy. MTUS states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states topical anagesics 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" And for Capsaicin, MTUS states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The medical records provided extend back to the 1/7/13 report from [REDACTED]. None of the reports discuss efficacy of the topical compound, and there is no indication that the patient has tried antidepressants or anticonvulsants. Based on the information provided, the patient does not meet the criteria for topical capsaicin. MTUS has support for methyl salicylate under the Topical Salicylate section, but does not specifically discuss menthol. ODG guidelines were consulted. ODG guidelines state the active ingredient in Biofreeze is menthol, and that it is recommended for acute pain and takes the place of an ice pack for cryotherapy. In this case, the patient is not in the acute phase, and the use of menthol for a chronic condition is not in accordance with the ODG recommendations. Menthol would not be recommended for a chronic condition, so the whole compounded product that contains Menthol, is not recommended.

**RETROSPECTIVE REQUEST (DOS: 11/8/13) FOR PANTOPRAZOLE SOD DR 20MG TAB X 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s).

**Decision rationale:** According to the 11/8/13 pain management report from [REDACTED], the patient presents with neck pain that radiates to bilateral upper extremities and lower back pain radiates to bilateral lower extremities. He is awaiting approval for right shoulder surgical repair of a full thickness rotator cuff tear with retraction. I have been asked to review for pantoprazole for 11/8/13. The medical records provided are from 12/6/13 through 1/7/2013. The medical reports do not discuss a rationale for pantoprazole. The patient is not using NSAIDs, and there is no GERD, peptic ulcer or any mention of any of the MTUS risk factors for GI events. Based on

the available medical reports, the use of pantoprazole is not in accordance with MTUS recommendations.