

Case Number:	CM14-0002593		
Date Assigned:	01/24/2014	Date of Injury:	08/07/1998
Decision Date:	06/09/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	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 Occupational Medicine, 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 an employee of [REDACTED] and has submitted a claim for enthesopathy of the elbow region associated with an industrial injury date of August 7, 1999. Treatment to date has included NSAIDS, opioids, muscle relaxants, topical analgesics, physical therapy, and surgery. Medical records from 2013-2014 were reviewed. The patient complained of persistent right arm pain, numbness, and diffuse tenderness with radiation to the right thumb. Physical examination showed bilateral shoulder tenderness, positive impingement sign bilaterally, and restricted range of motion bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN C LOTION, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. They are primarily recommended for

neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, page 111 also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Official Disability Guidelines also state that topical pain relievers that contain Menthol, Methylsalicylate, and Capsaicin may, in rare instances, cause serious burns. Page 105 of the Chronic Pain Medical Treatment Guidelines states that salicylate topicals are significantly better than placebo in chronic pain. Pages 112-113 state that capsaicin is not recommended for topical use, unless patient is intolerant to other treatments. Exoten-C lotion contains methylsalicylate 20%, menthol 10%, and capsaicin 0.002%. In this case, the patient has been using Medrox, a brand name for a similar compounded topical analgesic containing capsaicin 0.0375%, menthol 5%, and methylsalicylate 5% since September 2013. However, there are no reports as to its functional benefits gains, continued analgesia, or a lack of adverse effects. Furthermore, there are no reports of failure of oral medications. Recent handwritten progress notes from January 9, 2014 contain little to no information that would support a case for usage of multiple topical analgesics. As such, the request is not medically necessary.