

Case Number:	CM14-0004496		
Date Assigned:	04/04/2014	Date of Injury:	06/03/2009
Decision Date:	05/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 and Pain Medicine and is licensed to practice in Ohio and 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 50-year-old female who reported an injury from cumulative trauma from 06/06/2008 through 06/03/2009. The injured worker was most recently seen on 12/18/2013 at her pain medical re-evaluation. The injured worker presented for complaints of low back pain that radiated to the left lower extremity as well as complaints of neck pain that radiated into the left upper extremity. The injured worker stated that her average pain level is an 8/10 with medications and a 9/10 without. The injured worker has had increased pain with numbness from the neck to the left upper extremity to her hand. The injured worker has had limitations with activities of daily living to include activity in general, ambulation, hand function, and sleep. The injured worker was taking Naprosyn, which was reportedly more effective than ketoprofen. Objective findings noted the injured worker had moderate reduction secondary to pain in her lumbar range of motion, spinal vertebral tenderness noted in the lumbar spine at the L4-S1 levels, and myofascial tenderness noted on palpation of the lumbar region. Also noted was spinal vertebral tenderness on the cervical spine at the C4-7 levels, with cervical myofascial tenderness noted on palpation. The injured worker's sensory exam revealed no changes, nor was her motor examination changed. The injured worker had been diagnosed with lumbar radiculopathy, cervical radiculopathy, cervical facet arthropathy, chronic pain, medication related dyspepsia, left lateral epicondylitis, and left cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: EXOTEN-C LOTION 120ML. #120: 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: According to California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials which have not determined efficacy or safety. Furthermore, the Exoten lotion contains compounded medications which include ingredients that are not recommended under California MTUS Guidelines for topical use. A compound is not supported if it contains a drug or drug class that is not guideline-supported. Therefore, due to the ingredients in the Exoten lotion containing the ingredient capsaicin, the requested service is not deemed medically appropriate. Furthermore, there is nothing in the documentation indicating the injured worker is unable to take oral medications, and she was noted to have been utilizing opioids as a means to relieve her discomfort. Therefore, without having a thorough rationale for the necessity of the Exoten lotion, the requested service cannot be supported at this time.