

Case Number:	CM14-0007175		
Date Assigned:	02/07/2014	Date of Injury:	01/19/2009
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/20/2014

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 Orthopedic Surgery 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 patient is a 52 year old male who sustained an injury on 12/27/13. It appeared the patient had a prior date of injury from 01/19/09. No new mechanism of injury was identified. Previous condition was secondary to cumulative trauma. The patient was followed for complaints of chronic low back pain radiating to the lower extremities. The patient reported tenderness and spasms in the lumbar musculature. There were previous recommendations for aquatic therapy. The patient had been utilizing Hydrocodone and topical lotion. The patient was seen on 12/30/13 with continuing complaints of severe low back pain radiating to the lower extremities left side worse than right. On physical examination tenderness to palpation and muscular spasms in the paraspinals were noted. Straight leg raise was positive to the left with decreased sensation in left L5-S1 distribution. The patient was recommended to continue with Hydrocodone at this evaluation. Omeprazole was also prescribed. There as a recommendation for compounded medication including Flurbiprofen and Cyclobenzaprine as well as a compounded medication containing Tramadol and Gabapentin. It appeared that a different topical lotion, Xoten-C was also prescribed containing capsaicin and menthol.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN-C LOTION 0.002/10/20% #1: 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, 111-113

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , GUIDELINES TOPICAL ANALGESICS, 111-113

Decision rationale: In regards to the use of Xoten Lotion, 1 tube, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provdied for review and current evidence based guideline recommendations. There is limited clinical information supporting the use of this topical medication. The components of this topical medication are identical to commercially available over the counter topical analgesics such as icy hot. There was no clear rationale for the use of this topical lotion when the patient has already been prescribed multiple compounded medications including FDA approved oral medications. From the clinical doc from the current evidence based guidelines topical analgesics such as capsaicin are recommended only when there is failure of all other treatments for neuropathic symptoms or failure of conservative treatment. In this case there are no clear contraindications to oral medication use. Given the limited information supporting the use of this medication the patient this request for this topical analgesic for pain is not medically necessary.