

Case Number:	CM14-0010533		
Date Assigned:	02/21/2014	Date of Injury:	08/06/2012
Decision Date:	08/01/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 40-year-old female who has submitted a claim for lumbar radiculitis, bilateral ankle pain, bilateral foot pain, bilateral hip contusions, abdominopelvic pain s/p crush injury, associated with an industrial injury date of August 6, 2012. The medical records from 2012 through 2014 were reviewed. The latest progress report, dated 01/13/2014, showed neck pain radiating to the left upper extremity, low back pain radiating to bilateral lower extremities, bilateral hip pain, and groin pain. Pain score was 4/10 with medications and 9/10 without medications. The pain was aggravated with activities and walking. Physical examination revealed tenderness in the spinal vertebral area L4-S1. The range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam showed decreased sensitivity to touch along the L4-S1 dermatome in both lower extremities. Straight leg raise test in the seated position was positive bilaterally. Tenderness in the right hip was noted. The range of motion of bilateral hip was decreased due to pain. The MRI of the lumbar spine, dated 08/15/2012, showed a 2mm disc bulge at L2-3 and L4-5 levels and a 3mm disc bulge at L5-S1 level. The treatment to date has included physical therapy, acupuncture therapy, chiropractic therapy, TENS unit, Epsom salt baths and medications such as Restone since 2012 and Exoten-C lotion since 2012. In a utilization review from 01/16/2014 denied the request for the purchase of Restone 3/100mg because the patient's baseline and current sleeping habits were not elaborated to support improvement with Restone. The request for 1 bottle of Exoten-C lotion 120ml was denied because objective evidence of reduced pain level, change in functional status and decreased use of opioid analgesics with this topical medication had not been provided to justify continued treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTONE 3/100 #90 TABLETS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Melatonin; Pain Chapter, Medical Food.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, melatonin is recommended for insomnia treatment. Repeated administration improves sleep and may reduce anxiety. There are also data supporting an analgesic role of melatonin in a dose-dependent manner. According to ODG, 5-hydroxytryptophan is possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. It has been found to be effective for depression. It should be used with caution in individuals using SSRIs. In this case, patient has been using this medication since 2012. However, there is no documentation of the patient's sleeping habits or baseline status to support improvement derived from this medication. There is insufficient information to support the use of this medication in this patient. Therefore, the request for Restone 3/100mg #90 is not medically necessary.

BOTTLE OF EXOTEN -C LOTION 120 ML#1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Capsaicin,; Salicylate Topical Page(s): 28; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Salicylates.

Decision rationale: An online search indicates that Exoten-C lotion is composed of capsaicin 0.0002%, menthol 10%, and methyl salicylate 20%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, patient has been using this topical product since 2012. The rationale for prescribing Exoten-C lotion is to reduce total oral analgesic dose. However, there is no documentation of reduction of dosage of oral medications prescribed or functional benefits derived from the topical lotion. There is no

clear indication to continue treatment with this compounded topical medication at this time. Therefore, the request for 1 bottle of Exoten-C lotion 120ml is not medically necessary.