

<b>Case Number:</b>	CM14-0023633		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York 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 49 year old male injured on 10/21/09 as a result of a fall. Current diagnoses included cervical spine sprain/strain, cervical spine disc protrusion, retrolisthesis, lumbar spine sprain/strain, lumbar spine disc protrusion, and lumbar spine anteriorolisthesis. Prior treatment received included chiropractic therapy, acupuncture therapy, physical therapy, lumbar epidural steroid injections, and medication management. Clinical note dated 11/11/13 indicated the injured worker presented complaining of moderate to severe neck pain with associated headaches, nausea, and vomiting. The injured worker also complained of persistent moderate to severe low back pain radiating with numbness and tingling into bilateral heels. The injured worker also complained of numbness and tingling radiating into the groin and testicles. Physical examination of the cervical spine revealed tenderness to palpation with spasms of the upper trapezius muscles and suboccipital areas, limited range of motion in the cervical spine, and sensation intact to bilateral upper extremities. Physical examination of the lumbar spine revealed normal lordosis, tenderness to palpation of the sacroiliac joints, and tenderness to palpation with spasms of the paraspinal musculature, limited range of motion lumbar spine, and decreased sensation of bilateral lateral calves and dorsum of the feet. Medications provided included gabapentin 300mg, hydrocodone/acetaminophen 2.5/325mg, Tramadol ER 150mg, cyclobenzaprine 7.5mg, ibuprofen 800mg, pantoprazole 20mg, and Xoten-C lotion. The initial request for Xoten-C pain relief lotion (methyl salicylate 20%, menthol 10%, Capsaicin 0.02%) was initially non-certified on 02/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XOTEN-C PAIN RELIEF LOTION (METHYL SALICYLATE 20% MENTHOL 10% CAPSAICIN 0.002%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**Decision rationale:** As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Xoten-C pain relief lotion is noted to contain capsaicin, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for cannot be Xoten-C pain relief lotion (methyl salicylate 20% menthol 10% capsaicin 0.002%) recommended as medically necessary.