

<b>Case Number:</b>	CM14-0027131		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/31/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Emergency Medicine 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 injured worker is a 68 year-old male who reported a work related injury on 03/31/2010 due to unloading tools and tarps filled with debris. The diagnoses consisted of a left shoulder impingement with rotator cuff tendonitis, cervical sprain/strain with myofasciitis, and a left trapezius muscle strain. The injured worker's past treatment has included physical therapy, medication, and chiropractic care. The diagnostic tests included an MRI dated 05/27/2011 which revealed marked glenohumeral osteoarthritic changes and acromioclavicular osteoarthritis, a second MRI dated 03/05/2012 revealed focal disc protrusion and diffuse disc protrusion, diffuse disc extrusion with caudal migration, and a cervical x-ray which revealed type 2 acromion with mild hypertrophy of the acromioclavicular joint of the left shoulder. The documentation stated there was no surgical history to review. On 08/09/2012, the injured worker complained of aching pain in the cervical spine with pain radiating through the shoulders. He had stiffness in the cervical region which was aggravated when turning his head from side-to-side and tilting his head up and down. He also complained of an aching sharp pain to his left shoulder that radiated to his left elbow. The objective findings of the cervical spine included tenderness to palpation primarily on the left side. Extension was 40 degrees and rotation was 60 degrees bilaterally. The left shoulder was tender at the biceps as well as the acromioclavicular joint and range of motion was limited. It was also noted that the injured worker was no longer in need of conservative care as it would not result in long term significant improvement and he was not considered a candidate for surgery. The medication included topical creams. The treatment plan was Exoten-C lotion with the rationale of treating pain. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE EXOTEN-C PAIN RELIEF LOTION (DURATION AND FREQUENCY UNKNOWN) DISPENSED ON 8/16/12 FOR TREATMENT OF LEFT SHOULDER SPRAIN/STRAIN AND CERVICAL SPINE SPRAIN/STRAIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-114.

**Decision rationale:** The request for retrospective exoten-c pain relief lotion (duration and frequency unknown) dispensed on 8/16/12 for treatment of left shoulder sprain/strain and cervical spine sprain/strain is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety and they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that if one medication in a topical compound is not recommended then the topical medication is not recommended. Exoten-C is a compounded topical medication that includes methyl salicylate, menthol and capsaicin. The guidelines recommend use of salicylate topicals as they have been shown to be better than placebo for chronic pain. The guidelines also state capsaicin is recommended as an option in patients who have not responded or were intolerant to other treatments. The medical records reviewed do not indicate that other treatment options were tried and failed. Therefore, as the documentation failed to include sufficient documentation showing the failure of first line agents to warrant use of capsaicin, and the compound is also not supported. Additionally, the request, as submitted, did not specify a frequency of use. Therefore this request is not medically necessary.