

Case Number:	CM14-0031351		
Date Assigned:	04/30/2014	Date of Injury:	11/02/2000
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 45 year-old male who was injured on 11/2/2000. He has been diagnosed with cervicothoracic sprain/strain with herniated nucleus pulposus (HNP), bilateral Carpal Tunnel Syndrom (CTS); bilateral upper extremity overuse syndrome with lateral and medial epicondylitis; lumbar HNP with history of bilateral radiculopathy; secondary stress; secondary anxiety; secondary insomnia. According to the 1/18/14 orthopedic report from [REDACTED], the patient presents with increased pain 7/10 in the neck, mid, low back, right shoulder, both elbows and both wrists. The plan was for cyclobenzaprine, and Exoten-C gel. On 1/28/14 UR recommended against the Exoten-C topical gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXOTEN-C PAIN RELIEF GEL 120MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to the 1/18/14 orthopedic report from [REDACTED], the patient presents with increased pain 7/10 in the neck, mid, low back, right shoulder, both elbows and

both wrists. I have been asked to review for Exoten-C gel. Exoten-C is composed of 20% methyl salicylate, 10% Menthol, and 0.002% Capsaicin. MTUS states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS did not discuss Menthol so ODG guidelines were consulted. ODG discusses menthol as the active ingredient in Biofreeze, which takes the place of ice packs, and is recommended on "acute" low back pain. The patient's back pain is in the chronic phase and ice packs or menthol are not recommended for the chronic phase, therefore the whole compounded topical that contains menthol is not recommended.