

Case Number:	CM14-0032656		
Date Assigned:	06/20/2014	Date of Injury:	12/06/2007
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 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:

According to the records made available for review, this is a 40-year-old male with a 12/6/07 date of injury. At the time (7/24/12) of the request for authorization for Exoten-C lotion (quantity unknown) (date of service 7/26/12), there is documentation of subjective (neck and right shoulder continue to be symptomatic) and objective (cervical paraspinals are tender to palpation, spasm, right shoulder shows tenderness about the biceps tendon, acromioclavicular joint is tender, range of motion is limited, and evidence of allodynia) findings, current diagnoses (cervical disc protrusions with right upper extremity radiculopathy, right shoulder pain following arthroscopy, psychiatric difficulties, and complex regional pain syndrome), and treatment to date (medication including muscle relaxants and opioids). There is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C lotion (quantity unknown)(date of service 07/26/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Exoten-C contains ingredients including methyl salicylate 20%, menthol 10%, and capsaicin 0.002%. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of cervical disc protrusions with right upper extremity radiculopathy, right shoulder pain following arthroscopy, psychiatric difficulties, and complex regional pain syndrome. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Exoten-C lotion (quantity unknown) (date of service 7/26/12) is not medically necessary.