

Case Number:	CM14-0033107		
Date Assigned:	06/20/2014	Date of Injury:	09/25/2006
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
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 Medicine and is licensed to practice in Texas and Florida. 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 47 year old who was injured on 9/25/2006. The diagnoses are chronic pain syndrome, neck pain, low back pain, bilateral hands pain and shoulder pain. There are associated diagnoses of insomnia and depression. The medications are listed as Cymbalta for depression and pain, Lunesta for sleep and Prilosec for GI upset. Opioids was discontinued due to due to side effects of daytime sleepiness and GI upset. On 5/2/2014, [REDACTED] and [REDACTED] [REDACTED] documented subjective complaints of increased pain to 8-9/10 on a 0 to 10 scale since the pain medications are denied by insurance. There was also a corresponding decrease in ADL. The patient was documented to have significant beneficial effects from the use of topical cream preparations. A Utilization Review determination was rendered on 2/12/2014 recommending non certification of Xoten cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten cream: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines addresses the use of topical analgesic preparations for the treatment of neuropathic pain and small joints osteoarthritis. Topical analgesics preparations can be utilized in the treatment of pain when trials of anticonvulsant and antidepressant medications are ineffective or cannot be tolerated. The Xoten cream contains methyl salicylate 20%, menthol 10% and capsaicin 0.002%. In this case, the records indicate that the patient has significant side effects during treatment with opioids, NSAIDs and other oral medications. She reported beneficial effects with the use of Xoten topical. The patient is already on Cymbalta treatment. There was increase in pain score and decrease in ADL when the pain medications was discontinued. The criteria for the use of Xoten cream was met. Therefore, the request for Xoten cream is medically necessary and appropriate.