

<b>Case Number:</b>	CM14-0036046		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Family Practice 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:

Claimant is 44 year old female who sustained a work injury on 5/29/12 involving the neck, right shoulder and left knee. She was diagnosed with cervical disc displacement/radiculopathy, cervical strain, right shoulder derangement and left knee strain. A progress note on 2/4/14 indicated the claimant 4-6/10 pain . Exam findings were notable for tenderness and spasms in the paracervical region, thoracic myospasms and normal lumbar spine. The right shoulder was tender. The physician provided Cyclobenzaprine, Omeprazole and topical Exoten-C for pain relief. A subsequent authorization request was noted for Methyl C- a similar compound to Exoten C.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Methyl-C 20/5/0.0375:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Topical Methyl C contains 20 % Methyl Salicylate, 5% Menthol and .0375% Capsacin. The use of compounded agents have very little to no research to support their

use Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. . According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Capsaicin are recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In this case, Methyl C contains a higher amount of Capsaicin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Methyl-C is not medically necessary.