

Case Number:	CM14-0042920		
Date Assigned:	06/20/2014	Date of Injury:	02/19/2001
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

54 year old male injured worker with date of injury 2/19/02 with related chronic pain syndrome. Per 5/9/14 evaluation report, he complained of neck pain that radiated down the bilateral upper extremities; thoracic back pain; low back pain that radiated down the bilateral lower extremities; upper extremity pain bilaterally in the arms, hands, shoulders, wrists, and clavicles;LLE pain in the leg, right ankle, and bilaterally in the hips; abdominal pain; groin pain. He is status post lumbar fusion on 9/28/08. MRI of the cervical spine dated 3/16/10 revealed a 2-3mm disc bulge at C5-C6 and narrowed C6-C7 level with slight C5-C6 and mild to moderate C6-C7 central canal narrowing and findings suggestive of severe bilateral C6-C7 neural foraminal narrowing; anterior C5-C6 and C6-C7 cervical spondylosis deformans. MRI of the lumbar spine dated 3/16/10 revealed posterior disc bulges of 3mm at L3-L4 and 2-3mm at L4-L5 with moderate bilateral L4-L5 facet hypertrophy, mild L4-L5 central canal narrowing and bilateral mild L3-L4 neural foraminal narrowing. He has been treated with lumbar facet rhizotomy, surgery, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C lotion 120 ml: 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): 25, 60, 105, 111-113.

Decision rationale: Exoten-C lotion is capsaicin, menthol, and methyl salicylate. Capsaicin may have an indication for chronic lower back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004)." Exoten-C topical lotion contains menthol. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually.