

<b>Case Number:</b>	CM14-0052150		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/24/2004
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 24, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounded medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 16, 2014, the claims administrator approved a request for urine drug testing, denied a request for topical Xolido, and conditionally denied other unspecified topical and oral medications. The applicant's attorney subsequently appealed. It appears that Xolido was endorsed via a handwritten progress note dated March 25, 2014, somewhat difficult to follow, not entirely legible. The applicant was described as having complaints of severe low back pain. The applicant was asked to continue topical compounds, including Terocin, flurbiprofen, and Xolido, and gabocyclotram. A variety of dietary supplements, including Somnacin and Laxacin, were also endorsed, along with an H-Wave device as well as interferential current stimulator. The applicant's permanent work restrictions were renewed. No rationale for selection of Xolido was proffered by the attending provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xolido 2%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of failure of multiple classes of first-line oral pharmaceuticals which would justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the Xolido compound in question. No rationale for selection and/or ongoing usage of Xolido was proffered by the attending provider so as to offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.