

Case Number:	CM14-0052529		
Date Assigned:	07/07/2014	Date of Injury:	12/20/2001
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	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:

This case is a 62 year-old male with a date of injury on 12/20/2001. A review of the medical records indicate that the patient is undergoing treatment for right lower extremity pain, lumbar strain, cervical strain, bilateral shoulder strain, left knee strain, bilateral ankle/foot strain, and bilateral elbow/wrist pain. Subjective complaints on 12/16/2013 are bilateral knee pain and neck/back pain with 7/10 rating that worsens with cold weather. Objective findings on 12/16/2013 are decreased right knee flexion, ankle tenderness to anterior, lateral, and medial sides, decreased lumbar range of motion, negative (normal) straight leg test, no cervical muscle spasms, and bilateral AC shoulder tenderness. Treatment has included Tramadol, Celebrex, Tylenol #3, Right Knee Arthroscopy x 2, Total Knee Replacement, and Pennsaid drops for the knee. A utilization review dated 3/21/2014 non-certified a request for Exoten Lotion x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten Lotion x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical analgesic page(s) 28, 105, 111-113 Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: Exoten lotion is a topical preparation that contains Methyl Salicylate, Menthol and Capsaicin. MTUS states that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Official Disability Guidelines (ODG) recommends usage of topical analgesics as an option, but also further details primarily recommended use is for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medical records do not document that the patient suffers from neuropathic pain or that antidepressants and anticonvulsants have been tried and failed. MTUS recommends Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Also see Topical Analgesics and Topical Analgesics, compounded. There is no indication that the patient has failed oral medication or is intolerant to other treatments as outlined in guidelines. As such, the request for Exoten Lotion x 1 is not medically necessary.