

Case Number:	CM13-0009462		
Date Assigned:	11/08/2013	Date of Injury:	11/11/1999
Decision Date:	04/01/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 74 year old female, who sustained an industrial injury on 11/11/1999. She has reported subsequent neck and back pain and was diagnosed with cervical strain, lumbar strain with disc bulging, left knee contusion, left shoulder pain following surgery and bilateral wrist pain following carpal tunnel syndrome. Treatment to date has included oral, topical and injectable pain medication. In a progress note dated 06/20/2013, the injured worker complained of increased neck and back pain with increased numbness to the legs. Objective physical examination findings were notable for cervical and lumbar paraspinal muscle tenderness and muscle spasm with decreased range of motion and decreased sensation in the L5 and S1 left dermatomes. The physician noted that Xoten lotion was being prescribed to treat the injured worker's pain. A request for authorization of Xoten-C lotion was made. On 08/22/2013, Utilization Review non-certified a request for Xoten-C lotion, noting that there was no indication that the injured worker was intolerant of oral medications or had failed trials of oral antidepressants and anticonvulsants. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten-C Lotion 0.002%/ 10%/ 20% 120mg topical agent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic neck and low back pain. Xoten - C contains methyl salicylate, menthol and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. The claimant's medications include the oral non-steroidal anti-inflammatory medication Naprosyn without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.