

<b>Case Number:</b>	CM15-0107357		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on 09/24/2003. The injured worker is currently retired. The injured worker is currently diagnosed as having lumbago and thoraco-lumbar neuritis or radiculitis. Treatment and diagnostics to date has included medications, physiotherapy with 50% reduction in pain, and lumbar spine MRI which showed disc protrusion. In a progress note dated 03/05/2015, the injured worker presented with complaints of low back pain radiating down the left leg with more pain recently. Objective findings include lumbar tenderness with spasms and decreased range of motion. The treating physician reported requesting authorization for Exoten-C pain lotion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exoten-C pain lotion with 3 refills #60: 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, pages 111-113.

**Decision rationale:** Exoten-C lotion has manufacturing compound topical ingredients to include 20% methyl salicylate, 10% menthol, and 0.002% capsaicin. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There is no information or clarification regarding medical indication or necessity provided for this topical cream and how it is medically necessary to treat this injured worker who is not intolerable to oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical compounded analgesic for this chronic injury of 2003. The Exoten-C pain lotion with 3 refills #60 is not medically necessary or appropriate.