MAXIMUS Federal Services

| Case Number: | CM15-0136050 | | |
|---|---|---|---|
| Date Assigned: | 07/24/2015 | Date of Injury: | 11/16/2012 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 42-year-old who has filed a claim for chronic low back pain, chronic neck pain, chronic knee pain, and myofascial pain syndrome reportedly associated with an industrial injury of November 16, 2012. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for topical Exoten lotion. The claims administrator referenced an RFA form received on June 29, 2015 and an associated progress note of June 15, 2015 in its determination. The applicant's attorney subsequently appealed. On a July 9, 2015, the applicant reported ongoing complaints of wrist, knee, leg, neck, and low back pain. The attending provider suggested that the applicant was not working with a rather proscriptive 20-pound lifting limitation with the rather proscriptive 20-pound lifting limitation in place. Additional manipulative therapy was sought. The attending provider stated that the applicant was using Terocin patches and oral gabapentin. In a June 15, 2015 progress note, the applicant was placed off work, on total temporary disability. The applicant was asked to employ Celebrex, topical Terocin patches, and topical Exoten lotion.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Exoten-C lotion 120gm with 2 refills:** 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation Drug Facts - DailyMed dailymed.nlm.nih.gov/dailymed/getFile.cfm?setid...332e... EXOTEN-C - methyl salicylate, menthol and capsaicin lotion. MedChem Manufacturing Inc.

**Decision rationale:** No, the request for topical Exoten lotion was not medically necessary, medically appropriate, or indicated here. Exoten, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that topical capsaicin, the tertiary ingredient in the compound, is not recommended except as a last-line agent, for applicants who have not responded to or who are intolerant of other treatments. Here, however, the applicant's concomitant usage of first-line oral pharmaceuticals such as Celebrex effectively obviated the need for the capsaicin-containing Exoten lotion in question. Therefore, the request was not medically necessary.