MAXIMUS Federal Services

Case Number:	CM15-0137891		
Date Assigned:	07/31/2015	Date of Injury:	08/17/2012
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/15/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 44-year-old female, who sustained an industrial injury on 8-17-12. She reported pain in lower back and neck after being lodged between a crate and conveyer belt. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis, cervical sprain and lumbar disc protrusion. Treatment to date has included oral medications including Fenoprofen 400m g, Baclofen 10mg and Zantac 150mg; and Exoten-C lotion; physical therapy, Transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and activity restrictions. Currently on 6-3-15, the injured worker complains of continued aggravation of pain in neck to mid to low back rated 8 out of 10; she notes the radiation of pain down left leg has become worse. She complains of occasional very intense cramps as well as numbness and tingling going down the left leg becoming stiff and making it difficult for her to ambulate. She may work with modifications. Physical exam performed on 6-3-15 revealed stiffness and tight ness in cervical paravertebral and trapezius on deep palpation with normal range of motion; however the injured worker is very uncomfortable at extreme range. Exam of lumbar spine revealed tenderness and pain at L4-5 and L5-S1 with decreased sensation of left leg below knee. The treatment plan included refilling of Fenoprofen 400mg #60, Baclofen 10mg #30, Zantac 150mg #60, Exoten-C lotion, continuation of home exercise program, continuation of Transcutaneous electrical nerve stimulation (TENS) unit, weight reduction and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C lotion, 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Exoten-C Lotion contains methyl salicylate, menthol, and capsaicin. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous oral medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.