

Case Number:	CM15-0186747		
Date Assigned:	09/28/2015	Date of Injury:	09/24/2010
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 62-year-old male, who sustained an industrial injury on 09-24-2010. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar strain, lumbar degenerative disc disease, and lumbar radiculopathy. Piriformis syndrome, right hip sprain, and gastritis. Medical records (04-27-2015 to 08-24-2015) indicate ongoing low back pain (worse on the right) with radiating pain into the right lower extremity initially, but later reported to radiate into bilateral lower extremities. Pain levels were not mentioned, but the IW reported intense pain that becomes unbearable at times with a lot of pulsating sensations as well as numbing sensations in the low back going down both legs. Medications were reported to help very much at times. Recent housework was reported to have aggravated his pain to an extreme level. Additionally, the IW reported difficulty sleeping due to pain. No changes in activity level were reported as the IW stated that he continues his home exercise program. Level of function was not directly addressed. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exam, dated 08-24-2015, revealed inability to heel or toe walk due to pain, exquisite tenderness throughout the lumbar paravertebrals (worse at L4-5 & L5-S1), restricted range of motion (ROM) in the mid patella with pain at end ROM and extension restricted and painful, positive straight leg raise on the left at 60° with contralateral pain in the right hip, positive straight leg raise on the right at 45°, decreased sensation to light touch in the right lateral thigh and calf, and lateral right foot, and 1+ deep tendon reflexes in the bilateral knees and ankles. There were no changes from the previous available exam (04-27-2015). Relevant treatments have included physical therapy (PT), work restrictions, and pain

medications (Ultracet, Flexeril, Exoten C lotion & Prilosec since at least 04-27-2015). The request for authorization (08-) shows that the following medication was requested: Exoten-C lotion 120gm. The original utilization review (08-27-2015) non-certified the request for Exoten-C lotion 120gm.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=7c9f2e53-332e-4c48-83c2-8444d1afa8d3>.

Decision rationale: Exoten-C lotion, 120gm is not medically necessary per the MTUS Guidelines and a review of this lotion online. A review online of this lotion states that it contains Methyl salicylate 20%; Menthol USP 10%; and Capsaicin 0.002%. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation of inability to take oral medications. There is no evidence that Exoten C has had an objective increase in function. The request does not specify a quantity. For all of these reasons this request is not medically necessary.