MAXIMUS Federal Services

Case Number:	CM15-0214439		
Date Assigned:	11/04/2015	Date of Injury:	09/18/2014
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/30/2015

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, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 was a 53 year old male, who sustained an industrial injury, September 18, 2014. The injured worker was undergoing treatment for lumbar sprain, lumbar radiculitis and status post spine surgery. According to progress note of October 9, 2015, the injured worker's chief complaint was low back pain with radiation of the pain down the left leg. The injured worker was complaining of constipation, sexual dysfunction, pain in other areas of the body. The physical exam noted the injured worker was in no acute distress. The injured worker ambulated with a normal gait and used no external equipment. There was tenderness with palpation at the L4-L5 mostly on the left side. The straight leg raises were positive at 25 degrees from a seated position. The sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The treating physician and the injured worker discussed oral medications; however the injured worker had a history of gastrointestinal problems and was taking Zantac for this. The injured worker had no interest in oral medications. The treating physician prescribed requested Exoten-C lotion 113.4 grams (which contains Methyl salicylate 20%-Menthol 10%-Capsaicin 0.0002% in 113.4 grams) for local application. The injured worker previously received the following treatments home exercise program, Ranitidine, lumbar spine MRI showed large left paracervical, subarticular disc protrusion at L5-S1 causing compression of the descending left S1 nerve root in the subarticular zone at this level clinical correlation with symptoms of the left S1 radiculopathy. The RFA (request for authorization) dated October 9, 2015 the following treatments were requested Exoten-C lotion 113.4 grams (which contains Methyl salicylate 20%-Menthol 10%-Capsaicin 0.0002% in 113.4 grams) for local application. The UR (utilization review board) denied certification on October 21, 2015; for Exoten-C lotion 113.4 grams (which contains Methyl salicylate 20%-Menthol 10%-Capsaicin 0.0002% in 113.4 grams).

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C logion 113.4g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding the prescription of a topical analgesic in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, the request is not medically necessary.