

<b>Case Number:</b>	CM15-0083046		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male, who sustained an industrial injury on 3/18/2011. Diagnoses include left shoulder contusion/sprain possible, internal derangement and CTMFS. Treatment to date has included surgical intervention (left shoulder arthroscopy 12/16/2014), diagnostics, medications and physical therapy. Per the handwritten Primary Treating Physician's Progress Report dated 3/23/2015, the injured worker reported neck tightness and spasms with radiation into the shoulders. Physical examination revealed 60% range of motion with tenderness and left hand reaches left near pocket. The plan of care included right shoulder treatment, home exercise and medications and authorization was requested for Exoten C Lot Pain Relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Exoten-C lot pain relief:** 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 Nsaids Page(s): 111-112.

**Decision rationale:** Regarding request for Exoten-C, Exoten-C is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards, or with the diminishing effect over another two-week period. Guidelines go on to state that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs as the patient is tolerating Naproxen with concurrent Prilosec use. Furthermore, the patient is currently using ketoprofen topical treatment with documented relief. Therefore, it is unclear how adding another compound cream containing topical NSAID would further help this patient's pain. Lastly, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Exoten-C is not medically necessary.