

Case Number:	CM15-0084184		
Date Assigned:	05/06/2015	Date of Injury:	03/13/2002
Decision Date:	06/17/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: Massachusetts

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 48 year old male, who sustained an industrial injury on 3/13/2002. The current diagnoses are chronic intractable low back pain, lumbar radiculopathy, lumbosacral degenerative disc disease, lumbago, lumbar sprain, lumbosacral (ligament) sprain, and long-term use of medications. According to the progress report dated 3/23/2015, the injured worker complains of increased pain as subsys was not authorized. His is now on Hydrocodone. The pain is rated 7/10 with medications and 9-10/10 without. However, he is able to do activities, even paint, with his children. The physical examination reveals increased tenderness and spasms of the left gluteal and paraspinous muscles. Examination of the lumbar spine shows decreased range of motion, positive straight raise leg test on the left, decreased deep tendon ankle reflexes in the bilateral lower extremities, and decreased sensory to pinprick along the right and left lateral leg. The current medications are Kadian, Norco, Neurontin, Docuprene, Prilosec, Lidocaine patches, Fluriprofen, and Sprix trial. Last urine toxicology screen on 3/5/2010 was consistent with prescribed medications. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, and spinal cord stimulator. MRI showed L4-5 bulge and subligamentous disc bulging L5-S1. The plan of care includes prescription for Exoten-C 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 , quantity 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2002 and continues to be treated for chronic back pain. He has a spinal cord stimulator and medications are being prescribed. The claimant has gastritis and is unable to take non-steroidal anti-inflammatory medication. When seen, pain was rated at 7-9/10. Physical examination findings included decreased and painful lumbar spine range of motion with tenderness and muscle spasms. Straight leg raising was positive. He had decreased lower extremity strength and sensation. Medications being prescribed included topical Flurbiprofen and Lidoderm. Exoten- C contains methyl salicylate, menthol and capsaicin. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism and is recommended as an option in patients who have not responded or are intolerant to other treatments. Additionally, methyl salicylate metabolizes into salicylates, including salicylic acid, a non-steroidal anti-inflammatory medication. In this case, the claimant's medications include topical Flurbiprofen without report of adverse effect. The need to prescribe multiple non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.