

Case Number:	CM15-0087243		
Date Assigned:	05/11/2015	Date of Injury:	03/08/2009
Decision Date:	06/10/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/06/2015

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 56 year old male who sustained an industrial injury on March 8, 2009. He reported injuries to his neck, mid thoracic spine, low back, left shoulder and hips. Previous treatment includes epidural steroid injections, medications, gym exercise program for strengthening, surgical evaluation and work restrictions. Currently the injured worker complains of thoracic spine pain with pain radiation down the bilateral lower extremities. He reports that the pain in his legs causes him to trip and he is unable to stand for more than 15 minutes at a time. Diagnoses associated with the request include chronic pain syndrome, lumbar back pain, cervical and lumbar sprain/strain, long-term medications, lumbar disc herniation with radiculitis and cervical radiculopathy. The treatment plan is for the continued tapering of Norco, medications to include Fenoprofen, Prilosec, Docusate sodium, Flexeril, Lidocaine patches, theramine and Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten C lotion #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, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in March 2009 and continues to be treated for spine pain including radiating symptoms into the lower extremities. When seen, he was not tolerating Naprosyn. Pain was rated at 6/10. There was decreased spinal range of motion with muscle spasms and tenderness. Medications being prescribed included Fenoprofen and topical Flurbiprofen. 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 the oral non-steroidal anti-inflammatory medication Fenoprofen and 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.