MAXIMUS Federal Services

Case Number:	CM13-0001369		
Date Assigned:	07/23/2014	Date of Injury:	12/20/2008
Decision Date:	09/23/2014	UR Denial Date:	07/04/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate the injured worker is a 65-year-old male injured on 12/20/08. The mechanism of injury was not stated. The most recent progress note by the primary treating physician, dated 05/07/13, indicated that the injured worker continued to complain of bilateral shoulder pain, neck pain, lumbar spine pain, left hand pain, and bilateral knee pain. Diagnoses include cervical spine degenerative disc disease and spondylosis, chronic cervical spine strain, bilateral shoulder rotator cuff syndrome, bilateral shoulder acromioclavicular arthrosis, left thumb carpal-metacarpal arthrosis, left thumb flexor carpi ulnaris (FCU) tendinitis, lumbar spine degenerative disc disease and spondylosis with likely radiculpathy, bilateral knee arthrosis, anxiety, depression, and gastrointestinal symptoms. The injured worker is on total temporary disability. The injured worker was undergoing a home exercise program and uses a cane and thumb spica brace. Medications include Exoten-C lotion, tramadol, ibuprofen, gabapentin, and omeprazole. The prior utilization review dated 07/04/13, denied retrospective request for Exoten-C, Date of Service 05/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Exoten-C, Date of Serivice 05/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medication Page(s): 111-113.

Decision rationale: The Expert Reviewer's decision rationale:Topical pain medications, in this case a mixture of menthol, Capsaicin, and Methyl Salicylate, are not well researched. They are counter irritants that are an option after other modalities have failed. Failure of other modalities is not documented. Of note, the injured worker appears to have pain in many areas of the body. Caution should be used with widespread application of counter irritants therefore, this request is not medically necessary.