

Case Number:	CM15-0124184		
Date Assigned:	07/08/2015	Date of Injury:	02/01/2000
Decision Date:	08/05/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/27/2015

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 61 year old male who sustained an industrial injury on 2/1/00. Progress note dated 4/7/15 reports continued complaints of bilateral pain and swelling and bilateral ankle pain. The ankle pain is rated 8/10 and the knee pain is rated 7/10. Diagnoses include right knee pain following revision arthroscopy, 10/31/11, left knee patellofemoral pain, and bilateral ankle lateral gutter synovitis. Plan of care includes: provide Norco and Xoten C-lotion, Norco will be weaned to 30 pills over a 30 day period. Work status is permanent and stationary. Follow up on an as needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten-C lotion 0.002/10/20 % 113.4 ml (per 4/7/15 order): Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in February 2000 and continues to be treated for knee and ankle pain. He underwent right knee revision arthroscopic surgery in October 2011. When seen, pain was rated at 7-8/10. Medications included Synthroid, omeprazole, and aspirin. He had not returned to work. Physical examination findings included bilateral knee tenderness with swelling and decreased range of motion. Patellar grind testing was positive on the right side. Norco and Exoten-C lotion were prescribed. 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 has chronic pain and has only responded partially to other conservative treatments. He has localized peripheral pain affecting the knees and ankles that has been amenable to the topical treatment being prescribed. Exoten-C can be considered as being medically necessary.