

<b>Case Number:</b>	CM15-0129147		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	05/28/2009
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 was diagnosed with cervical strain, bilateral shoulder strain, rule out carpal tunnel syndrome, ulnar neuropathy on the left forearm, rule out right I knee internal derangement, right knee sprain, multilevel cervical disc degeneration, right shoulder rotator cuff tear, status post right shoulder arthroscopic surgery, status post left shoulder arthroscopic surgery, status post left ulnar transplant and right knee arthroscopic surgery. According to progress note of June 3, 2015, the injured worker's chief complaint was right knee surgery. The injured worker was 5 days postoperative right knee surgery. The injured worker reported the pain level had increased since surgery. The pain was 8 out of 10 and without medications the pain was 10 out of 10. The injured worker was currently taking Norco for the pain. The injured worker reported the oral medications make him drowsy. Exoten-C for the left shoulder pain the injured worker reported being more comfortable and better with the assistance of the cream, bring the pain down to a 6 ½ to 7 out of 10. The physical exam of the shoulders noted no tenderness with palpation. There was normal range of motion to the bilateral shoulders. There was not shoulder instability. There was tenderness noted and slight swelling of the left elbow. The left elbow had full range of motion. The Tinel's sign was positive bilaterally. There was slight discrimination of the left forearm in the ulnar distribution. The injured worker walked with an antalgic gait, favoring the right leg. There was tenderness noted on the L4-L5 and L5-S1. The injured worker can flex below the knee, but it was uncomfortable. The treatment plan included a prescription for Exoten- C lotion (compound lotion) containing methyl salicylate 20%, menthol 10%, Capsaicin 0.0002%.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Exoten -C Lotion #120g (DOS 5/6/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Exoten-C, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Exoten-C is not medically necessary.