

Case Number:	CM15-0172821		
Date Assigned:	09/14/2015	Date of Injury:	02/23/2006
Decision Date:	10/14/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/02/2015

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: Preventive Medicine, Occupational Medicine

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 41-year-old male, with a reported date of injury of 02-23-2006. The mechanism of injury was the result of pulling a bar of metal wiring over his shoulder. As a result, he felt and heard a "pop" sound on his lower back with sharp pain. The diagnoses include lumbar post laminectomy, lumbar and lumbosacral disc degeneration, and myofascial pain syndrome. Treatments and evaluation to date have included Diclofenac (discontinued), Tramadol (discontinued), Pamelor (discontinued), Motrin (discontinued), a home exercise program, an acupuncture trial with no significant benefit, Lidocaine cream, and lumbar disc extension and laminectomy on 04-08-2018. The diagnostic studies to date were not included in the medical records. The progress report dated 08-06-2015 indicates that the injured worker had started working again. He had more back pain at work while driving all day. It was noted that the injured worker had not attended physical therapy due to his work schedule. He was unable to take medications due to work. The injured worker currently complained of low back pain with radiation to both legs. He felt that his back was weak, and he noted occasional numbness and tingling in his lower extremities, right worse than left. The injured worker rated his pain 9 out of 10 at its worst and 4 out of 10 on the day of the visit. The physical examination showed a slowed gait; a wide-based gait; limited range of motion of the lumbar spine due to pain; spasms and tenderness to palpation of the lumbar paravertebral muscles; less trigger points noted on both sides of the lumbar paravertebral muscles; spinous process tenderness on L4 and L5; negative lumbar facet loading on both sides; and positive right straight leg raise test; decreased strength of the right hip flexors; and decreased light touch sensation over the posterior thigh on the right and

left side. The treatment plan included the trial of Exoten pain cream. It was noted that the injured worker would work with permanent restrictions. He remained permanent and stationary and maximum medical improvement. The request for authorization was dated 08-06-2015. The treating physician requested one bottle of Exoten pain cream with two refills, to be applied to the low back up to three times a day as needed for pain. On 08-14-2015, Utilization Review (UR) non-certified the request for one bottle of Exoten pain cream with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten pain cream # 1 bottle, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS Guidelines are very specific with the statements that only FDA/Guideline approved agents or strengths are recommended and any compound containing non-recommended agents or strengths is not Guideline supported. This topical ointment/gel is a compound of commonly available over the counter agents with a strength of Capsaicin .2%, which is not supported in the MTUS Guidelines. There is no medical necessity to utilize over the counter agents at various strengths and call it a specialized compound that qualifies of special reimbursement. The Exoten pain cream # 1 bottle, with 2 refills is not supported by Guidelines and is not medically necessary.