

Case Number:	CM15-0177107		
Date Assigned:	09/17/2015	Date of Injury:	11/24/2010
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 65-year-old male who sustained an industrial injury November 24, 2010. Diagnoses have included lumbar strain, sacroiliitis, and lumbar radiculitis. Documented treatment includes chiropractic treatments noted on July 20, 2015 that three sessions were completed and he had three more left. The injured worker had reported June 15, 2015, that "when he is in therapy he feels great, but then the pain comes back." He has also been treated with medication including Tramadol, Methoderm gel, Exoten-C lotion containing methyl salicylate 20 percent, menthol 10 percent, capsaicin 0.0002 percent; and, Fenoprufen. Medication is reported to make his pain "manageable and active in activities of daily living." At the August 17, 2015 visit, the injured worker reported constant low back pain rated at 5-6 out of 10, and going down to 3-4 with medication. Examination revealed that he was stiff at L4-5, and that he could "flex to six inches to the ground, but it was painful at the extreme range." Extension was 20 degrees with pain, lateral flexion 30 degrees right and left, and lateral rotation 40 degrees right and left. Straight leg raise was positive at the right side 45 degrees from sitting. He also noted that the right lower extremity had slight weakness when compared to the left. The treating physician's plan of care includes Exoten C lotion containing methyl salicylate 20 percent, menthol 10 percent, capsaicin 0.0002 percent; and, Fenoprufen. Both were denied September 2, 2015. Work status is stated as permanent and stationary, but documentation does not state if he is currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exoten C lotion containing methyl salicylate 20%, menthol 10%, capsaicin 0.0002% #120gm Qty: 1.00: 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): Salicylate topicals, Topical Analgesics.

Decision rationale: Exoten C lotion containing methyl salicylate 20%, menthol 10%, capsaicin 0.0002% #120gm Qty: 1.00 is not medically necessary per the MTUS Guidelines. The MTUS states that salicylate topicals including methyl salicylate and menthol are contained in Ben Gay, which is recommended by the MTUS. The MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS states that topical analgesics are largely experimental. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation is not clear that the patient has had significant evidence of objective functional improvement from prior use of this lotion therefore continued use is not medically necessary.

Fenoprofen 400mg Qty: 60.00: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Fenoprofen 400mg Qty: 60.00 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The guidelines also states that NSAIDS are recommended as an option for short-term symptomatic relief. The ODG states that for osteoarthritis Fenoprofen improvement may take as long as 2 to 3 weeks. The patient is not taking the highest dose. He was first prescribed Fenoprofen at the end of July 2015. The documentation does not reveal significant contraindications to this medication. It is not unreasonable to certify another request for Fenoprofen to determine if this medication is effective and causes increased function and reduced pain. The request for Fenoprofen Calcium 400mg, is medically necessary.