

**Notice of Independent Medical Review Determination.
Case Number CM13-000035**

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Independent Medical Review Decision and Rationale

An application for Independent Medical Review was filed on **02/28/2013** disputing the Utilization Review Denial dated **02/22/2013**. A Notice of Assignment and Request for Information was provided to the above parties on **April 8, 2013**. A decision has been made for each of the treatment and/or services that were in dispute:

Determination:

MAXIMUS Federal Services, Inc. has determined the Salonpas patch requested is **medically necessary**.

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty Board Certification in Pain Management 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 professional 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated February 22, 2013

“This is a 37 year old male patient status post injury 1/18/2013. There is no failure of oral non-steroidal anti-inflammatory drugs. Subjectively: Patient presented follow-up right ankle sprain. And since his last visit is feeling a little better. PT has been approved and he will commence shortly. Still is unable to bear weight on the foot due to pain and swelling. He is using crutches for ambulation and wearing an ankle brace as prescribed. No numbness/tingling in the foot and takes OTC Advil 400 mg daily and has been elevating it. Objectively: ROS reviewed. Right ankle exhibits decreased range of motion, swelling and a most. Tenderness lateral malleolus, medial malleolus, interior talofibular ligament and CF ligament tenderness found. Achilles tendon exhibits no pain in normal Thompson’s test results. Normal reflexes. Achilles reflexes 2+ bilaterally. Diagnosis: Sprain/strain ankle unspecified site”.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 3/19/2013)
- Utilization Review Determination provided by [REDACTED] [REDACTED] dated 2/22/2013)
- Patients Medical Records provided by [REDACTED] (dated from 1/28/2013 through April 10, 2013)

MAXIMUS Federal Services, Inc. has determined the Salonpas patch requested is medically necessary.**Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2nd Edition, 2004, foot and ankle complaints, and the Chronic Pain Medical Treatment Guidelines 2009. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The injured worker sustained an industrially related ankle sprain. The date of injury was 1/18/2013, indicating this is still an acute injury. The patient continues to have significant pain on oral Non Steroidal Anti Inflammatory Drugs (NSAIDS). The patient has completed a couple of sessions of physical therapy and notes some improvement, but still continued pain with mild antalgic gait documented in a recent note dated 4/1/13. In fact the pain persists and an orthopedic referral has been placed.

Salonpas patch is a commercial preparation consisting of Methyl Salicylate 10%, Menthol 3%. Both ACOEM and ODG guidelines recommend topical salicylate for short-term use. Given the documentation of continued ankle pain due to sprain, the requested treatment for Salonpas patch **is medically necessary and appropriate.**

Effect of the decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP/
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/bh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.