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| <b>Case Number:</b>   | CM13-0009989 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 02/01/2007 |
| <b>Decision Date:</b> | 02/19/2014   | <b>UR Denial Date:</b>       | 07/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old woman who sustained a work related injury on February 1 2007. Subsequently, she developed chronic left elbow pain and left hand numbness. Physical examination performed on July 16 2013 revealed left ulnar groove tenderness, and bilateral lateral epicondyle tenderness. She was diagnosed with medial epicondylitis, left elbow strain and left cubital tunnel syndrome. The patient was treated with acupuncture, medications and physical therapy. The provider is requesting authorization to use Salonpas to treat the patient pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill of Salonpas patches #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, and 112-113. Decision based on Non-MTUS Citation ODG Pain (updated 06/07/13)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine

efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to the guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Salonpas is a topical compound analgesic (capsaicin, camphor, menthol, methyl salicylate). Not all compounds are approved by the guidelines for pain. There is no clear documentation of benefit from previous use of Salonpas. Furthermore, there is no clear documentation of failure from the previous use of oral first line medications to treat the patient's pain.