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| Case Number: | CM13-0051644 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/01/2010 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 10/25/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 Physical Therapy and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 49-year-old female who sustained an unspecified injury on 02/01/2010. The injured worker was evaluated 11/20/2013 with complaints of persistent neck, shoulder, and right elbow pain. The injured worker additionally complained of headaches. The physical examination noted the injured worker to have right upper extremity tenderness at the lateral epicondyle. Documentation further indicated the injured worker showed evidence of allodynia. The injured worker's diagnoses were noted as right elbow post-traumatic lateral epicondylitis and radial tunnel syndrome with resulting complex regional pain syndrome and insomnia. The documentation indicated the injured worker did not have medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SALONPAS PADS ONE BOX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Salonpas pads 1 box is non-certified. The California MTUS Guidelines recommend the use of capsaicin as an option in patients who have not responded or

are intolerant to other treatments. The documentation submitted for review did not indicate the injured worker was intolerant or had not responded to other treatment. Therefore, the use of the topical medication is not supported. Furthermore, the documentation submitted for review did not indicate the use of lotion as part of the injured worker's treatment plan. Given the information submitted for review, the request for Salonpas pads 1 box is non-certified.

XOTEN-C LOTION #113.4 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Xoten-C lotion #113.4 ML is non-certified. Xoten-C lotion is noted to also contain capsaicin. The California MTUS Guidelines recommend the use of capsaicin as an option for patients who are intolerant or have not responded to other treatments. The documentation submitted for review did not indicate the injured worker was intolerant or had not responded to other treatments. Furthermore, the documentation submitted for review did not indicate the use of lotion as part of the injured worker's treatment plan. Given the information submitted for review, the request for Xoten-C lotion #113.4 ML is non-certified.