

Case Number:	CM13-0052142		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2012
Decision Date:	05/22/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 34-year-old male who reported an injury on 04/20/2012 due to lifting a heavy object repeatedly. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included epidural steroid injections and multiple narcotic medications. The injured worker was evaluated on 08/08/2013. It was documented that the injured worker should reduce his narcotic intake. Physical findings included decreased range of motion secondary to pain with tenderness to palpation of the paraspinal musculature and left sacroiliac joint. The injured worker's diagnosis included lumbar sprain/strain, low back pain, lumbar disc herniation, and muscle spasming of the low back. The injured worker's treatment plan included continuation of medications. A request was made for a methyl salicylate and menthol topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

ICY HOT TOPICAL (MENTHOL/METHYL SALICYLATE) WITH ONGOING REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain, and Salicylate Topical Section Page(s): 60, 105.

Decision rationale: The requested Icy Hot topical menthol/methyl salicylate with ongoing refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of salicylate topical medications in the management of chronic pain. However, ongoing use should be supported by documentation of functional benefit and pain relief. Without the assessment of the injured worker's pain relief and functional capabilities, the efficacy of that medication cannot be determined. Therefore, the request for ongoing refills is not appropriate for this injured worker. Additionally, the request as it is submitted does not provide a frequency or body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Icy Hot topical (menthol/methyl salicylate) with ongoing refills is not medically necessary or appropriate.