

<b>Case Number:</b>	CM13-0058269		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	07/30/2011
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 42 year-old with a date of injury of 07/30/11. A progress report associated with the request for services, dated 09/24/13, identified subjective complaints of right shoulder pain. Objective findings included tenderness of the right shoulder but with full range-of-motion. Diagnoses included shoulder pain from previous rotator cuff injury and dislocation. Treatment has included oral NSAIDs and topical analgesics. The oral NSAIDs were causing gastric upset and Salonpas topical was prescribed as a substitute.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SALONPAS ORIGINAL PATCHES, # 140:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Salonpas is a topical compound consisting of methyl salicylate 10% and menthol 3%. It was approved by the FDA as an over-the-counter topical analgesic in 2008. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that

they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Methyl salicylate is a non-steroidal anti-inflammatory being used as a topical analgesic. The Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. Menthol is a topical form of cooling. The Medical Treatment Utilization Schedule (MTUS) does not specifically address menthol as a topical analgesic. However, at-home applications of local heat or cold to the low back are considered optional. The Official Disability Guidelines (ODG) state that Bio freeze (menthol) is recommended as an optional form of cryotherapy for acute pain. Studies on acute low back pain showed significant pain reduction after each week of treatment. There is no recommendation related to the use of Bio freeze (menthol) for chronic pain. The non-certification was based upon lack of recommendation for methyl salicylate topicals. However, in this case, there is documentation of chronic pain not completely responsive to other therapies as well as intolerance to oral therapy. Therefore, there is documented medical necessity for Salonpas patches.