

Case Number:	CM14-0008419		
Date Assigned:	05/28/2014	Date of Injury:	04/12/2010
Decision Date:	07/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, ankle, and foot pain reportedly associated with an industrial injury of April 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; and reported return to the regular duty work. In a utilization review report dated April 12, 2010, the claims administrator denied a request for Salonpas patches. A November 11, 2013, progress note was notable for comments that the applicant was working regular duty. It was stated that the applicant did have persistent complaints of foot pain secondary to hammertoes and that the applicant might, in fact, require foot surgery. The applicant was ultimately returned to regular work, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

SALONPAS PATCHES #60 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Topic Page(s): 105.

Decision rationale: Salonpas is a salicylate topical. As noted in page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topicals such as Salonpas are recommended in the treatment of chronic pain. In this case, the applicant has demonstrated prima facie evidence of functional improvement with previous usage of Salonpas patches as evinced by his successful return to regular work. Therefore, the request for Salonpas patches is medically necessary.