

<b>Case Number:</b>	CM14-0024135		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/03/2000
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year-old female was reportedly injured on 1/3/2000 due to a tray falling on the injured worker. The most recent progress note, dated 12/23/2013 indicates that there are ongoing complaints of low back and right shoulder pain. The physical examination demonstrated Lumbar Spine: range of motion is restricted. Positive tenderness to palpation paravertebral muscles, tight muscle bands noted on both sides. Positive tenderness to palpation spinous processes L4-L5. Faber test is positive, pelvic compression test is positive, positive tenderness to palpation over the sacroiliac spine/right sacroiliac joint. Right Shoulder: limited range motion with pain, positive Hawkins, Positive Neer, positive empty can test, positive tenderness to palpation along the AC joint, bicep group, sub deltoid bursa, and axilla. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for salompas large patch, one patch to skin, quantity: 80, and was not certified in the pre-authorization process on 1/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SALONPAS LARGE PATCH, ONE PATCH TO SKIN, QUANTITY: 80:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 105 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for Salonpas Patches are not medically necessary.