

<b>Case Number:</b>	CM14-0043820		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 64-year-old female with a 5/25/11 date of injury. At the time (4/2/14) of request for authorization for Salonpas 10% -3% adhesive patch , 5 refills, there is documentation of subjective (pain of hip, low back, shoulder and leg and reports that left lowe extremity sciatica remains improved, but still problematic) and objective (negative seated straight leg raise bilaterally, reflexes absent in left biceps, 2+ in right biceps, 2+ in triceps and brachioradialis, 2+ in the knees, and absent at ankles) findings, current diagnoses (cervical degenerative disc disease, lumbar degenerative disc disease, and shoulder internal derangement), and treatment to date (physical therapy, home exercise program). There is no documentation that trials of antidepressants and anticonvulsants have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Salonpas 10% -3% adhesive patch , 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Capsaicin Page(s): 112-117. Decision based on Non-MTUS Citation ACOEM Guidelines, Low Back Disorders. Official Disability Guidelines- (ODG) ODG-TWC, ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (Updated 3/27/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence:<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=2e88c933-89e6-4a48-be7a-dc6a36e5c8f8>.

**Decision rationale:** An online search identifies salonpas 10% -3% adhesive patch contains Menthol 3% and Methyl salicylate 10%. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of cervical degenerative disc disease, lumbar degenerative disc disease, and shoulder internal derangement. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Salonpas 10% -3% adhesive patch, 5 refills is not medically necessary.