

Case Number:	CM14-0058601		
Date Assigned:	07/09/2014	Date of Injury:	07/07/2013
Decision Date:	08/15/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 63 year old with an injury date on 7/7/13. Patient complains of continued left ankle pain with weakness, and pain on the left foot underneath the middle toes per 3/6/14 report. Patient states symptoms have been improving since the injury and can now walk one block before having to stop due to pain per 3/6/14 report. Based on the 3/6/14 progress report provided by [REDACTED] the diagnosis is ankle sprain. Exam on 3/6/14 showed patient ambulates with antalgic gait. Left ankle shows range of motion to plantar flexion is 10 degrees and dorsiflexion is 15 degrees. Tenderness to palpation over the lateral malleolus. Normal bulk and tone in all major muscle groups of lower extremities. Sensory exam shows grossly intact to light touch and pinprick throughout the lower extremities. Deep tendon reflexes are symmetric at 1+/4 in bilateral lower extremities. [REDACTED] is requesting methyl salicylate 15%. The utilization review determination being challenged is dated 4/16/14 and denies request as there is little research to support use of topical analgesics, and no documentation of patient's intolerance to oral medications. [REDACTED] is the requesting provider, and he provided treatment reports from 12/20/13 to 5/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl Salicylate 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Topical analgesics Page(s): 78, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain chapter.

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

Decision rationale: This patient presents with left ankle pain. The treater has asked for methyl salicylate 15% on 3/6/14. Patient has not used methyl salicylate prior, according to review of reports. Patient is currently taking Tramadol, Aspirin, Fluoxetine, Nabumetone, Famotidine, Simvastatin, and Lisinopril per 3/6/14 report. MTUS guidelines support topical NSAIDs for peripheral joint arthritis/tendinitis, but not for hip, shoulder or spinal conditions. Given this patient presents with peripheral joint arthritis/tendinitis type of condition per MTUS guidelines, the requested methyl salicylate 15% seems appropriate for the diagnosis of ankle pain. However, the treater does not provide any documentation that this topical production effective in analgesia and functional improvement. MTUS page 60 requires documentation of medication efficacy in terms of pain and function. The request is not medically necessary.