MAXIMUS Federal Services

Case Number:	CM14-0061589		
Date Assigned:	07/09/2014	Date of Injury:	08/25/2006
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/02/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 60-year-old female who reported an injury on 08/25/2006. The mechanism of injury was a heavy trash container she was pushing fell on top of her. The injured worker's diagnoses are lumbar radiculopathy, disc disorder lumbar, chronic back pain, cervical pain, shoulder pain, cervical disc disorder, and wrist pain. The injured worker's prior surgeries were open reduction and internal fixation surgery of the right wrist, abdominal hysterectomy, bilateral bunionectomy, surgeries of the left foot hammertoe, and surgery of the left small toe. The injured worker's past diagnostics include x-ray of the cervical spine, an EMG and NCS electrodiagnostic study done with no evidence of lumbosacral radiculopathy or peripheral nerve compression in the lower extremities as well as an MRI. The injured worker's prior treatments include acupuncture, TENS unit, right lateral epicondylar platelet-rich plasma injection, ice, chiropractic care, Home Exercise Program, lumbar Epidural Steroid Injection at L4-L5 and physical therapy. The injured worker's medication was Celebrex 200 mg, Salonpas large patch, Voltaren 1% gel, Acetaminophen with Codeine No. 3, Estradiol 0.5 mg, Vasotec, Prevacid, and Metoprolol. The injured worker complained of back pain radiating from low back down to right leg and lower back. The injured worker rated the pain with medication as a 6 on a scale of 1 to 10 and as an 8 without medication and with increased activity. Treatment plan was for pain control and the requested treatment plan is for Salonpas patches. On physical examination dated 04/03/2014, sensory examination to light touch sensation was decreased over the L5, S1, and S2 lower extremity dermatomes on the left side and range of motion was limited due to pain. Cervical facet loading was positive on the left side and range of motion was limited due to pain. Bilateral shoulder range of motion was restricted and Speed's test was positive. There was tenderness to palpation over the acromioclavicular joint, carotid process, and the subdeltoid bursa. Motor strength was 5/5 in bilateral upper and lower extremities with the exception of 4/5

strength in the left extensor hallucis longus (EHL) muscle and right abductor pollicis brevis. Deep tendon reflexes were1/4 at the ankle on the right and 0/4 on the left. The Request for Authorization form was not provided with the documentation submitted for review. The rationale for the request was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 large patches of Salonpas between 4/17/2014 and 6/1/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic Salicylate topicals Page(s): 111 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: WebMD.

Decision rationale: The request for 60 large patches of Salonpas between 4/17/2014 and 6/1/2014 is not medically necessary. According to California MTUS, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesics are easy to apply locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The guidelines also indicate that the efficacy in clinical trials for this kind of treatment modality have been inconsistent and most studies are small and of short duration. The Salonpas patch contains Menthol and Salicylate. Menthol has a local anesthetic and counterirritant quality and is widely used to relieve minor throat irritations. Salicylate topical is recommended and significantly better than a placebo with chronic pain. The injured worker rated her pain at 6/10 with medication and 8/10 without. There was documentation of tenderness in the lumbar spine and shoulder. The injured worker has been utilizing this medication since 02/2014. There is a lack of documentation of the efficacy of the medication to warrant continuation of proposed request. The frequency of the medication was not provided in the request as submitted. As such, the request for 60 large patches of Salonpas between 4/17/2014 and 6/1/2014 is not medically necessary.