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| Case Number: | CM14-0073285 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 06/24/2009 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 05/02/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

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 Internal 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:

Patient is an injured worker with the diagnoses of carpal tunnel syndrome and ulnar nerve lesion. Date of injury was 06-24-2009. Agreed Medical Evaluation report dated August 26, 2010 documented diagnoses of bilateral carpal tunnel syndrome, chronic lumbosacral sprain with discogenic disease and radiculopathy. Regarding the mechanism of injury, the patient had been having progressive symptoms of carpal tunnel syndrome bilaterally and the low back for several years. Progress report dated 10-01-2013 documented the medications included Motrin 800 mg and Flector. Progress report dated 10-01-2013 documented the diagnoses of carpal tunnel syndrome and ulnar nerve lesion and the medication Ibuprofen. Acupuncture progress report date 01/07/14 notes that the claimant complains of joint pain at bilateral elbows, hands and wrists, rated 5/10, associated with numbness and tingling. The current medications include Ibuprofen 800 mg and Vicodin. Examination shows tenderness and positive Tinel's and Phalen's sign. The provider recommends acupuncture and therapy. The claimant is not working and is retired. Utilization review determination date was 05-02-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas pain relief patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 70, 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. All nonsteroidal anti-inflammatory drugs (NSAIDs) have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). Use of NSAIDs may compromise renal function. FDA medication guide recommends lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Salonpas Pain Relief Patch active ingredients are Menthol 3% and Methyl salicylate 10% (NSAID). Medical records document the long-term use of NSAID medications. MTUS guidelines recommend that NSAIDs be used for the shortest duration of time, and does not support the long-term use of NSAIDs. Medical records do not document blood pressure measurements or laboratory test results, which are recommended by MTUS for the use of NSAIDS. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of Salonpas Pain Relief Patch Therefore, the request for Salonpas pain relief patch #30 IS NOT MEDICALLY NECESSARY.