

Case Number:	CM14-0089470		
Date Assigned:	07/23/2014	Date of Injury:	03/07/2013
Decision Date:	09/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64 year old male who reported an injury on 03/07/2013. The injury reportedly occurred while he was operating a drill press. The cable came out of the vice causing the cable to swing around catching his hand, pulling it against the vice and into the drill bit. He incurred a cut in his left index finger and cut almost complete around the first joint of the middle finger. There were no diagnoses noted, but the injured worker did report a prior work-related accident wherein he developed pain in his back and shoulder, as well as a previous heart attack. The past treatment was noted to include medication and ice application. His surgical history included surgery to his left index and middle fingers on 03/07/2013, and a heart surgery on 04/09/2012. On 05/15/2014, the injured worker complained of pain in the left wrist and left hand with radiation to the left arm. The pain is associated with tingling in the left arm and left hand with numbness and weakness in the left hand. The pain was rated at 7/10. He stated that his symptoms have been unchanged since the injury. He reported that with regard to functional limitations, he avoids performing household chores and yard work or shopping because of his pain. Upon physical examination, the injured worker was noted to be positive for tingling in the left arm and left hand, and numbness and weakness in the left hand. He was positive for heat and cold intolerance. He was noted to be positive for pain in the left wrist, left hand, shoulder and joints. Examination of the left wrist revealed full range of motion; however, he was unable to fully close his fist. The deep tendon reflexes were symmetric at 1+/4 in the bilateral upper extremities. The noted medications were listed as ibuprofen 200 mg, Atorvastatin 40 mg, and Vicodin. The dose of the Vicodin was not noted. The treatment plan was for the injured worker was advised to discontinue Vicodin and ibuprofen due to heartburn and a request for Methyl

salicylate 15% topical anesthetic lotion. The rationale for the request was not provided and the request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Methyl Salicylate 15% (quantity not provided) DOS 5/15/14:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Salicylate Topicals Page(s): 111, 105.

Decision rationale: The request for retrospective Methyl Salicylate 15% is not medically necessary. The injured worker rated his pain 7/10 and was noted to have neurological deficits on physical examination. The California MTUS guidelines recommend salicylate topicals and note it is significantly better than placebo in chronic pain. Also, the guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It's primarily recommended for neuropathic pain when trial of antidepressants and anticonvulsants have failed. The injured worker rated his pain 7/10 and was noted to have neurological deficits on physical examination. The subjective and objective information support the use of the requested medication which is supported by the guidelines, however, the frequency and quantity were not provided with the request. Therefore, the request is not medically necessary.