

<b>Case Number:</b>	CM14-0190329		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 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 47 year old female with an injury date of 03/22/11. Based on the 07/16/14 progress report, the patient complains of cervical spine and lumbar spine pain which he rates as a 7/10. Both the lumbar and cervical spine has tenderness to palpation. The cervical spine has a decreased range of motion with flexion/extension/lateral rotation. The lumbar spine also has a decreased range of motion with flexion/extension. The right shoulder has a decreased range of motion and tenderness to palpation on the anterior aspect. The right hand has decreased grip strength. The 09/10/14 report indicates that the patient rates her cervical and lumbar spine pain as a 6-7/10. The 10/10/14 report states that the patient rates her cervical spine pain as a 6/10, lumbar spine pain as a 7/10, and bilateral shoulder pain as a 5/10. The patient's diagnoses include the following: Cervical sprain/strain, neck; lumbosacral/joint/ligament, sprain/strain; shoulder sprain/strain; and dislocation/subluxation, sacrum. The utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 06/16/14- 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Salonpas patches:** 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 Creams Page(s): 111.

**Decision rationale:** According to the 10/10/14 report, the patient presents with cervical spine pain, lumbar spine pain, and bilateral shoulder pain. The patient has been using these patches as early as 06/16/14. The 10/10/14 report states that the patient has had "50% improvement with Salonpas patches and longer duration of pain reduction (8 hours) as opposed to oral pain meds (2 hours). She prefers the Salonpas patches secondary to no side effects." The MTUS Guidelines page 111 allow for the use of topical non-steroidal anti-inflammatory drug (NSAID) for peripheral joint arthritis and tendonitis. The Official Disability Guidelines (ODG) supports Bengay, which contains similar products as Salonpas patches, for acute chronic pain conditions, particularly osteoarthritis. In this case, the patient complains of cervical spine pain, lumbar spine pain, and bilateral shoulder pain. There are no diagnoses of peripheral joint arthritis, tendonitis, or osteoarthritis for which topical NSAIDs are indicated. MTUS specifically speaks against its use for spinal conditions. Therefore, this request is not medically necessary.

**Menthoderm 120mg 4 fl oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for Chronic Pain, Topical Creams Page(s): 60, 111.

**Decision rationale:** According to the 10/10/14 report, the patient presents with cervical spine pain, lumbar spine pain, and bilateral shoulder pain. The request is for Mentoderm 120mg 4 FL OZ. The patient has been using Mentoderm as early as 07/16/14. Mentoderm gel contains methyl salicylate 15% and methyl 10%. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are supported for peripheral joint arthritis/tendonitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the patient complains of cervical spine, lumbar spine pain and bilateral shoulder pain. There are no diagnoses of peripheral joint arthritis, tendonitis, or osteoarthritis for which topical NSAIDs are indicated. MTUS specifically speaks against its use for spinal conditions. Also, MTUS page 60 requires documentation of pain function when medications are used for chronic pain. The treating physician does not address pain reduction or functional improvement with use of this topical. Therefore, this request is not medically necessary.