

<b>Case Number:</b>	CM14-0203513		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 46-year-old male with a date of injury May 27, 2011. He complains of ongoing, constant low back pain which radiates primarily to the left lower extremity but also to the right buttocks. He has been treated recently with Neurontin 1200 mg three times daily, Ultram ER 100 milligrams daily, meloxicam 15 mg daily, and Effexor 75 mg daily. He has been utilizing topical anti-inflammatories first in the form of a Flector patch and most recently over-the-counter Salon Pas. He has had some success with lumbar epidural steroid injections and has been considered for lumbar spinal surgery. The physical examination reveals diminished lumbar range of motion, a positive straight leg raise test on the left side, diminished sensation the left lateral calf, and tightness the lumbar musculature. The diagnoses include lumbosacral radiculitis, central and lateral recess lumbar stenosis, lumbar facet arthropathy, L5 radiculitis, S1 radiculitis, anxiety, and post-traumatic stress disorder. He has in addition been treated with acupuncture, chiropractic care, Tylenol with Codeine and tramadol. At issue is a request for Salon Pas patches (10% methyl salicylate and 3% menthol). This was previously non-certified citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Salonpas 10% - 3% adhesive patch, apply 2 patches every day by topical route as needed for 30 days QTY 12 boxes of 5 with no refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** Per the CA MTUS guidelines, topical non-steroidal anti-inflammatory drugs (NSAIDs) such as methyl salicylate are indicated for osteoarthritis and tendinitis, 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. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this instance, the Salon Pas appears to be intended either for the spinal pain or the radicular/neuropathic pain. In either circumstance, topical anti-inflammatories are not indicated. Therefore, this request is not medically necessary.