

Case Number:	CM14-0206379		
Date Assigned:	12/18/2014	Date of Injury:	10/15/2009
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 41-year-old man who sustained a work related injury on October 15, 2009. Subsequently, he developed chronic low back pain. Prior treatments included: medications, acupuncture (it helped with pain relief), psychotherapy sessions, H-wave (helped with pain), and home exercise program. According to a progress report dated November 7, 2014, the patient reported lower back pain. The pain level with medications was 5/10 and 7/10 without medications. The patient also reported ongoing urinary symptoms of hesitancy, decreased urine stream, stop and go flow of urine, and erectile dysfunction. On examination, there were no signs of intoxication or withdrawal. Gait was antalgic and slowed. Lumbar spine range of motion was restricted and was limited by pain. On palpation of the paravertebral muscles, there were spasm, tenderness, and tight muscle band on both sides. Straight leg raise test was positive on the right side. Flexion, abduction, external rotation was positive. Ankle jerk was 0/4 bilaterally. Patellar jerk was bilaterally. There was tenderness over the posterior iliac spine on the right sacroiliac spine. Motor strength was 4/5 on the right at the extensor hallucis longus, ankle dorsiflexors 4/5 on the right, knee extensors 4/5 on the right and knee flexors 4/5 on the right. Light touch sensation was decreased over lateral foot, medial foot, medial calf, lateral calf, lateral thigh, and all toes on the right side. Sensation to pinprick was decreased over lateral foot, medial foot, medial calf, lateral calf, medial thigh, lateral thigh, and all toes on the right side. Higher functions examination was normal. The patient had a signed pain narcotics agreement on file. The patient was diagnosed with lumbar radiculopathy, spinal degenerative disc disease, low back pain, post lumbar laminectomy syndrome, and mood disorder. The provider requested authorization for SalonPas patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas patch #20 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is lack of clinical data to support the use of SalonPas patches. Therefore, SalonPas patch #20 x3 refills is not medically necessary.