

<b>Case Number:</b>	CM14-0026669		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	01/03/2000
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 54 year old patient with date of injury of 01/03/2000. Medical records indicate the patient is undergoing treatment for sacroiliac pain, shoulder pain, sacroilitis, degenerative lumbar/lumbosacral intervertebral disc disease, lumbago and disorders of the sacrum. Subjective complaints include lower back and right shoulder pain. Pain level without medication is 8/10 and with medication pain is rated 6/10. Objective findings include normal thoracic spine, lumbar spine range of motion (ROM) - flexion 45 degrees, extension 10 degrees, right and left lateral bend 25 and right and left lateral bend 40. There is paravertebral muscle tenderness and tight muscle band noted bilaterally on palpation and spinous process tenderness noted L4 and L5. Faber test, pelvic compression test and Gaenslen's tests are positive. Lumbar facet loading, Babinski sign and straight leg raise are negative. There is tenderness noted over sacroiliac spine right sacroiliac joint. Right shoulder ROM - flexion 150 degrees, extension 15 and abduction is 110. Hawkin's test, Neer and Empty Cans tests are positive and drop arm test is negative. There is tenderness in the acromioclavicular joint, biceps groove, subdeltoid bursa and axilla on palpation. Patient had a normal left shoulder exam. There was right hip tenderness over SI joint. Gaenslen's, Gaber, Fortin's and Stork tests were positive. Treatment has consisted of physical therapy, joint injection, Flexeril, Gabapentin, Norco, MS Contin and Butrans. The utilization review determination was rendered on 01/02/2014 recommending non-certification of SALONPAS LARGE PATCH #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SALONPAS LARGE PATCH #40:** 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams; Chronic Pain Medical Treatment Guidelines Salicylate Topicals, page(s) 105.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical Analgesics; & Topical Analgesics, compounded." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances because serious burns, a new alert from the FDA warns." As such, the request for Salonpas Large Patch #40 is not medically necessary.