

Case Number:	CM15-0001743		
Date Assigned:	01/12/2015	Date of Injury:	12/29/2011
Decision Date:	03/11/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 female patient, who sustained an industrial injury on 12/29/2011. A psychological evaluation dated 12/03/2012 reported her diagnosed with pain disorder associated with both psychological factors and chronic pain, major depressive disorder, recurrent, severe without psychotic features, anxiety disorder, sleep disorder, chronic right arm, shoulder and neck pain, DMII, increased cholesterol and gastritis. Recommendation at that time noted to involve the patient being a good candidate for a functional restoration program. A physical therapy evaluation dated 12/03/2012 showed current medications as; naproxen Sodium, Tramadol and Lidoderm 5 % patch. She is diagnosed with adhesive capsulitis shoulder, rotator cuff syndrome, sprain elbow/forearm and myalgia/myositis. Her chief complaint is noted as right shoulder pain with a resulting loss of function. The pain radiates down the right upper extremity with associated paresthesias over the palm and fingertips. Pain is rated a 9 out of 10 and is aggravated by any elbow movement. The patient has been unable to return to work duties. On 12/11/2014 utilization Review non-certified a request for medication Salonpas, noting CA MTUS Chronic Pain and ODG pain are cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas 10%-3% #60: 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 Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information; Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: Salon pas 10% 3% is a topical over the counter analgesic containing methylsalicylate and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that “Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.” Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Menthol is a topical skin product that is available over the counter and is used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is not recommended. This medication contains a drug that is not recommended. Therefore, the medication cannot be recommended. The request should not be authorized.