

Case Number:	CM15-0104929		
Date Assigned:	06/09/2015	Date of Injury:	06/24/2012
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 67 year old male, who sustained an industrial injury on 6/24/12. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included physical therapy, pain psychology sessions, home exercise program, oral medications including Norco and trazodone, topical medications including Lidoderm and Salonpas. Currently, the injured worker complains of low back pain with radiation to right lower extremity unchanged from previous visit. He states an increase in pain due to lack of medication. Physical exam noted forward flexed posture, normal gait and depressed and flat affect. The treatment plan included continuation of oral and topical medications including Lidoderm patches, Melatonin, Salonpas patches and Naproxen and continuation of exercising at the gym.

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 Qty: 30 with 2 refills: Upheld

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

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 10%, 3% adhesive patch is not medically necessary.