

<b>Case Number:</b>	CM15-0147595		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/23/2015
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old female who sustained an industrial injury on April 23, 2015. The worker was employed as a laborer for a cleaning company and while working with a shirt collar the top of the iron machine fell down on top of her hands and fingers resulting in injury. The doctor's first report of illness dated April 27, 2015 reported the plan of care to involved debridement and cleansing of wound, application of Silvadene cream, and a modified work duty. An initial pain management evaluation dated June 26, 2015 reported present subjective complaint of bilateral hand pain accompanied with numbness and tingling. She is currently not taking medications. She is currently not working. She is diagnosed with burns, left second to fourth fingers. She was prescribed a topical compound cream, Methyl Salicylate. She has activity restrictions. The worker was prescribed returning to full work duty on May 18, 2015. The plan of care at this time noted being discharged from care for noncompliance with plan of care. The worker noted being a "no show" for two follow up visits. A follow up dated May 04, 2015 reported subjective complaint of pain rated an 8 in intensity out of 10. Objective assessment noted slow improvement of burns. The plan of care noted return to work with modified duty, continue wound care with Silvadene and follow up in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methyl salicylate 15% topical analgesic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113 Page(s): 111-113.

**Decision rationale:** The claimant sustained a work injury in April 2015 and continues to be treated for burns to the left second through fourth fingers. When seen, she was having bilateral hand pain. When seen, she was having bilateral hand pain. She was not taking any medications. Physical examination findings included wrist during over the left third finger. There was a BMI of 30. Methyl salicylate 15% topical was requested. Methyl salicylate is used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. It works by providing a topical anesthetic and analgesic effect, which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin, which is believed to work through a similar mechanism. In this case, the claimant has localized pain potentially amenable to topical treatment. However, concentrations greater than 10% methyl salicylate can cause serious burns and should not be used in the setting of a recent thermal injury. The request was not appropriate or medically necessary.