

Case Number:	CM15-0180849		
Date Assigned:	09/22/2015	Date of Injury:	11/06/2014
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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 65 year old male who sustained an industrial injury on 11-6-2014. A review of medical records indicates the injured worker is being treated for pain in joint ankle foot and pain in joint lower leg. Medical records dated 8-28-2015 noted bilateral ankle and knee pain. Pain level was rated a 2-3 out 10. Pain was made worse with extended periods of ambulation and made better with conservative treatment. Medical records dated 7-28-2015 noted pain a 6 out 10. Physical examination dated 8-28-2015 noted no abnormalities. Treatment has included 12 sessions of physical therapy, home exercise program, 5 sessions of acupuncture and medications. RFA dated 8-28-2015 included Salonpas Patch. Utilization review form dated 9-8-2015 noncertified Salonpas patch # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas patch #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 Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in November 2014 and is being treated for ankle and knee pain after being struck on the right leg by a computer rack that fell. When seen, he had finished physical therapy and was performing a home exercise program. He was continuing to receive acupuncture treatments. He had gastrointestinal upset with NSAID medications. A normal physical examination was recorded. Topical diclofenac and capsaicin were prescribed. Salonpas is being requested. Salonpas is a combination of menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, 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 and is recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is also being prescribed for this claimant. In this case, there are other topical treatments in a non-patch formulation with generic availability that could be considered. This medication is not medically necessary.