

Case Number:	CM15-0190702		
Date Assigned:	10/02/2015	Date of Injury:	08/08/2011
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female who sustained an industrial injury August 8, 2011. Diagnoses are chronic pain due to trauma; degeneration of lumbar or lumbosacral intervertebral disc; myalgia and myositis, unspecified; lumbago. According to the most recent primary treating physician's progress report dated July 15, 2015, the injured worker presented with chronic moderate to severe back pain, located in the lower back and left hip, with radiation to the left thigh. Her symptoms are aggravated by descending stairs, lifting, sitting, standing, and rolling over in bed. Symptoms are relieved by heat, ice, stretching, and rest. She rated her pain 9 out of 10 without medication and 7 out of 10 with medication and an average for the month of 8 out of 10. Current medication included Meloxicam and Cyclobenzaprine both started June 3, 2015, and Tramadol at night. The physician documented an MRI of the lumbar spine dated January 2, 2015,(report not present in the medical record) showed a 1cm Tarlov cyst left sided central canal at L5-S1 does exert some mass effect on the S1 nerve root; small disc protrusion at T12-L1. Physical examination revealed; 5'7" and 249 pounds; lumbar- normal gait, moderate-severe spasm and tenderness of the lumbar spine, left and right buttock painful; taut bands twitching upon palpation referring pain to the buttocks and superiorly and laterally along the paraspinous; active painful range of motion. At issue, is a request for authorization for Salonpas and TENS (transcutaneous electrical nerve stimulation) unit purchase. According to utilization review dated August 28, 2015, the request for Salonpas 0.025%-1.25% Quantity: 30 and a TENS unit purchase for home use Quantity: (1) are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas 0.025% - 1.25%, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation Salonpas.us/product/salonpas-original/.

Decision rationale: Per manufacturer's information Salonpas is a topical analgesic that contains the active ingredients Menthol, methyl salicylate, and oftentimes capsaicin. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There is no evidence that the injured worker is intolerant to other treatments, therefore the request for Salonpas 0.025% - 1.25%, thirty count is not medically necessary.

TENS unit purchase for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other

appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. Specifically, there is no evidence of a home trial with TENS, therefore, the request for TENS unit purchase for home use is not medically necessary.