

Case Number:	CM15-0203653		
Date Assigned:	10/20/2015	Date of Injury:	03/26/2002
Decision Date:	12/03/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on 03-26-2002. The injured worker is currently working fulltime and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for right rotator cuff syndrome and right sacroiliitis. Treatment and diagnostics to date has included chiropractic treatment, physical therapy, home exercise program, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Subjective data (08-28-2015), included pain in the neck, bilateral shoulders, right elbow, and bilateral wrists with radiation to right arm. The injured worker rated her pain 6-9 out of 10 on the pain scale. Objective findings (08-28-2015) included tenderness to palpation to the right shoulder with positive Hawkin's and crossed arm adduction test. The request for authorization dated 09-21-2015 requested Methyl Salicylate 15% 2-3 times per day. The Utilization Review with a decision date of 09-25-2015 non-certified the request for Methyl Salicylate topical cream 15% 2-3x a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl salicylate topical cream 15% 2-3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl Salicylate is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. The claimant has been on other topicals in the past including Biofreeze. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Methyl Salicylate is not medically necessary.