MAXIMUS Federal Services

Case Number:	CM15-0022831		
Date Assigned:	02/24/2015	Date of Injury:	05/16/2013
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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
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 42 year old female, who sustained an industrial injury on 05/16/2013. She has reported subsequent back and lower extremity pain and was diagnosed with lumbar disc displacement, sciatica, degeneration of lumbar disc, lumbosacral spondylosis and lumbar spinal stenosis. Treatment to date has included oral and topical pain medication, acupuncture and bracing. In a progress note dated 01/06/2015, the injured worker complained of low back and right wrist pain. Objective examination findings were notable for an antalgic gait. A request for authorization of salonpas patch was made. On 01/13/2015, Utilization Review non-certified a request for salonpas patch, noting that documentation did not identify analgesic efficacy of the medication. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Salonpas patch #60 with 1 refill DOS: 1/6/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28-29.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, there was not any recent report seen in the documentation discussing the specific measurable functional gains and pain reduction directly related to the Salonpas patch use, which is required in order to consider any continuation. Therefore, the Salonpas patch will be considered medically unnecessary until this evidence of benefit is found in the documentation available for review.