

Case Number:	CM15-0225613		
Date Assigned:	11/24/2015	Date of Injury:	05/07/2015
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/17/2015

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 43 year old male with a date of injury on 05-07-2015. The injured worker is undergoing treatment for healing fracture left clavicle, status post open reduction internal fixation left clavicle on 05-21-2015, and sprain-strain of the left shoulder. A physician progress note dated 09-21-2015 documents the injured worker has complaints of left shoulder pain that radiates from the left clavicle-shoulder in to the left elbow with occasional numbness and tingling to his left fingertips. He has numbness mostly when wearing his sling. He rates his pain as 7 out of 10. It is documented he has had 24 physical therapy sessions and it was only very slightly helpful. Due to the failed conservative care and lack of positive response a request for a Magnetic Resonance Imaging of the left shoulder is requested to assess for any serious internal derangement. He is not working. Treatment to date has included diagnostic studies, medications, physical therapy, and he is status post ORIF left clavicle. Current medication includes Norco, Salon pas patches, and Motrin. The Request for Authorization dated 10-16-2015 includes Magnetic Resonance Imaging of the left shoulder, Salon Paws patches, Motrin 800mg and a follow up in one month. On 10-23-2015 Utilization Review non-certified the request for Salonpas patches, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas patch, #30: 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): Salicylate topicals, Topical Analgesics.

Decision rationale: The claimant sustained a work injury in May 2015 when he fell from a six-foot ladder while working as a carpenter. He sustained a comminuted fracture of the left clavicle and rib fractures with a left-sided pneumothorax and possible lumbar compression fracture. He underwent ORIF on 05/21/15. He started physical therapy on 07/20/15. As of 10/02/15 he had completed 21 treatment sessions. When seen by the requesting provider in October 2015 he had left shoulder pain rated at 8/10. Physical examination findings included nearly normal range of motion without pain. There was left shoulder tenderness. There was disrupted scapulohumeral rhythm. Recommendations included continued physical therapy two times per week and a home exercise program with stretching. Salonpas patches were being prescribed and were continued. A left shoulder MRI was requested. Salonpas is a combination of menthol and methyl salicylate in a patch formulation. 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. In this case, there is no identified need for a dermal-patch system. Generic medication in a non-patch formulation with the same components is available. This medication is not medically necessary.