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| Case Number: | CM15-0032373 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 10/10/2007 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 61 year old female, who sustained a work/ industrial injury on 10/10/07. Mechanism of injury was not provided. She has reported symptoms of left sided neck and shoulder pain with tingling in left hand. The diagnoses have included left shoulder girdle sprain/strain. Treatments to date included medication, chiropractic care, physical therapy, diagnostic testing, and home exercise program. Diagnostics included a cervical spine x-ray that reported mild degenerative spondylosis at the C6-7 level, degenerative grade-1 retrolisthesis of C6 upon C7, no evidence of instability on flexion or extension views and uncovertebral arthropathy with minimal osseous foraminal stenosis on the left at C6-7. X-ray of the left shoulder revealed calcific tendinosis in the region of the bicipital tendon and rotator cuff and minimal narrowing in the acromioclavicular joint. Medications included Norco, Zanaflex, Mobic and Salon Pas heat patches. The treating physician's report (PR-2) from 1/13/15 indicated a flare up of the left sided neck and shoulder girdle pain. There was tingling in the left hand. Pain was rated 4/10 at best and 9/10 at worst without medication. There was limited range of motion of the left shoulder, lateral abduction was 100 degrees, full forward flexion was 90 degrees, and extension was 30 degrees and internal and external rotation of 30 degrees with positive impingement sign. Phalen's, Tinel's and Finkelstein tests were positive/painful. A request was made for Salon pas topical heat patches for localized pain. On 1/28/15, Utilization Review non-certified a Salon Pas heat patches #90, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salon Pas heat patches #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

Decision rationale: Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy. Many agents are combined with other pain medications. According to guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Salon Pas contain capsaicin, camphor, menthol, and methyl salicylate. Since not all of these compounds are approved by the guidelines and since there is no clear documentation of failure from the first line medications. Thus, the request for Salon Pas is not medically necessary and appropriate.