

Case Number:	CM15-0081415		
Date Assigned:	05/04/2015	Date of Injury:	01/18/2012
Decision Date:	06/03/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/28/2015

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: Florida

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 55-year-old female, who sustained an industrial injury on 1/18/12. She reported pain in the neck, back, bilateral wrists, and bilateral thumbs. The injured worker was diagnosed as having cervical/trapezial musculoligamentous sprain/strain and bilateral upper extremity radiculitis, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain, bilateral shoulder periscapular strain, bilateral wrist tendinitis, mild to moderate right carpal tunnel syndrome, and left knee sprain/strain. Treatment to date has included flexor tenosynovectomy, carpal tunnel release and limited internal neurolysis of the median nerve on 2/25/14. Other treatment included 8 occupational therapy sessions for the right hand, acupuncture, lumbar epidural steroid injections, and 8 sessions of chiropractic treatment for the lumbar spine, thoracic spine, and cervical spine. Currently, the injured worker complains of neck pain, back pain, right wrist pain, bilateral thumb pain, and left shoulder pain. The treating physician requested authorization for Salonpas patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas Patches #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Page(s): Topical Analgesics, pages 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Salonpas (Methyl Salicylate.) Salicylates are NSAID medications. MTUS guidelines specifically state regarding "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Likewise, the requested medication is not medically necessary.