

Case Number:	CM15-0082120		
Date Assigned:	05/04/2015	Date of Injury:	12/18/2011
Decision Date:	06/24/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on December 18, 2011. She reported sustaining injuries to her neck, right shoulder, and right wrist due to repetitive lifting, pushing, and pulling. The injured worker was diagnosed as having cervical pain, cervical facet syndrome, muscle spasm, and shoulder pain. Treatment to date has included bilateral carpal tunnel release, electromyography (EMG)/nerve conduction study (NCS), carpal tunnel syndrome, x-rays, cortisone injections, Dilaudid injection, physical therapy, MRIs, TENS, acupuncture, and medication. Currently, the injured worker complains of neck pain, right shoulder pain, and right wrist pain. The Primary Treating Physician's report dated March 27, 2015, noted the injured worker reporting her pain with medications as 5/10, and 9/10 without medications. The injured worker's current medications were listed as Robaxin and Voltaren gel. Physical examination was noted to show the cervical spine with hypertonicity, spasm, and tight muscle bands on the right side of the paravertebral muscles, with facet loading positive on the right. The right shoulder was noted to have tenderness to palpation in the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa. The treatment plan was noted to include a trigger point injection requested for myofascial spasm, and prescriptions for Salonpas patch, Trazodone, and Robaxin.

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 Treatment Guidelines Topical analgesics.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These topical cream containing active ingredients of Menthol, Methyl Salicylate and Camphor may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of without documented functional improvement from treatment already rendered. The Salonpas patch #30 is not medically necessary and appropriate.