

Case Number:	CM15-0116354		
Date Assigned:	06/24/2015	Date of Injury:	11/20/1998
Decision Date:	07/24/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	06/16/2015

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: Preventive Medicine, Occupational 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 71 year old male, who sustained an industrial injury on 11/20/98. The injured worker has complaints of lumbar spine pain that radiates to bilateral legs and chronic left wrist pain, chronic right shoulder pain and chronic right wrist pain. The documentation noted that on palpation, paravertebral muscles, spam, tenderness and tight muscle band is noted on both the sides. Spinous process tenderness is noted on L4 and L5. Straight leg raising test is positive on the left side in sitting at 30 degrees. The diagnoses have included cervical degenerative disc disease; lumbar post laminectomy; lumbar radiculitis (bilateral) L5+/S1 (sacroiliac) on electromyography and carpal tunnel syndrome. Treatment to date has included salonpas patches; home exercise program; fexmid; gabapentin; trazodone; ultram and thermacare heat wraps. The request was for salonpas large patch apply to affected area every 8 hours, quantity of 88 patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas Large Patch apply to affected area every 8 hours, quantity of 88 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Section Topical Analgesics Section Page(s): 28, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. In this case, it is unclear from the available documentation if the injured worker has not responded to or is intolerant to other treatments, therefore, the request for Salonpas Large Patch apply to affected area every 8 hours, quantity of 88 patches is not medically necessary.