

Case Number:	CM15-0124819		
Date Assigned:	07/09/2015	Date of Injury:	01/06/2014
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 46 year old male, who sustained an industrial injury on 1/6/2014. The records do not indicate the mechanism of injury. The injured worker was diagnosed as having lumbar disc protrusion, lumbar myofascitis, bilateral shoulder internal derangement, bilateral shoulder myoligamentous injury, bilateral epicondylitis, bilateral carpal sprain/strain, and bilateral wrist sprain/strain. Treatment to date has included evaluation. The request is for Solaice pain patch. On 4/22/2015, he complained of low back pain rated 7/10, right shoulder pain rated 8/10, left shoulder pain rated 8/10, bilateral elbow pain rated 5/10, bilateral wrist pain rated 8/10. Physical findings revealed low back tenderness with decreased range of motion, bilateral shoulder tenderness with full range of motion, bilateral elbow tenderness with full range of motion, and bilateral wrist tenderness with full range of motion. The treatment plan included: referral to an orthopedic surgeon, referral to pain management, urine analysis testing, acupuncture, chiropractic visits, physio therapy, and full duty work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solaice Pain Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical NSAIDs (non-steroidal anti inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Medlibrary.org; Apisolutions.net; Drugs.com.

Decision rationale: Per Medlibrary.org and Apisolutions.net, Solaice patches are a topical analgesic patch containing menthol 5%/capsaicin 0.05%. The CA MTUS guidelines and ODG guidelines do not address Menthol. Per Drugs.com, Menthol is a topical analgesic that works to temporarily relieve minor pain. The CA MTUS guidelines indicate Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The CA MTUS recommends topical analgesics for neuropathic pain when anticonvulsants and antidepressants have been trialed and failed. The records do not indicate trial and failure of anticonvulsants and/or antidepressants. The records do not indicate he is intolerant of other treatments. In addition, the request for Solaice pain patch does not indicate the body part for application, or frequency of use. Therefore, the request for Solaice pain patch is not medically necessary.