

Case Number:	CM15-0174377		
Date Assigned:	09/16/2015	Date of Injury:	01/22/2012
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This 35 year old woman sustained an industrial injury on 1-22-2012. The mechanism of injury is not detailed. Diagnoses include lumbar spine herniated nucleus pulposus, right hip contusion, anxiety, depression, and insomnia. Treatment has included oral medications. Physician notes on a PR-2 dated 8-5-2015 reported complaints of slight increase in stiffness of the neck and back. The physical examination showed a normal gait, lumbar spine tenderness to palpation with mild spasm, negative straight leg raises, deep tendon reflexes trace at the bilateral knees and 1+ at the bilateral ankles, sensation intact at L2 and S1, normal and symmetrical strength, and brisk dorsal pedal pulses. Recommendations include continue home exercise program, Anaprox for exacerbations of pain, Salonpas pads which she had used in the past and were helpful in controlling pain, possible additional physical therapy or acupuncture in the future if this pain does not improve, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Salonpas pads, apply to painful areas 2 times daily, #1 box with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: Salonpas is marketed as a pain relief patch and is FDA approved as an over-the-counter treatment for pain. Its active ingredients are methyl salicylate and menthol. It works by temporarily relieving minor aches and pain of muscles and joints (e.g., from arthritis, backache, sprains). Methyl salicylate is a non-steroidal anti-inflammatory medication (NSAID). Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. It is important to note the MTUS states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS recommends use of methyl salicylate for some inflammatory conditions that cause chronic pain but does not recommend it used for radicular pain. It does not comment on the topical use of menthol. This patient has low back pain without signs or symptoms of radiculopathy but with imaging studies showing degenerative changes. Prior use of this medication had been helpful. A repeat trial of this medication is a viable therapeutic option. There are no contraindications for use of Salonpas. Medical necessity for use of this preparation has been established, therefore is medically necessary.

Anaprox 550mg, twice daily as needed for pain, #120 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, General Approach, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Anaprox (naproxen) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where daily NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do show instructions to the patient to use this medication for pain exacerbations its continued use is not contraindicated. Medical necessity has been established, therefore is medically necessary.