

Case Number:	CM15-0076957		
Date Assigned:	04/28/2015	Date of Injury:	04/08/1996
Decision Date:	05/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 66-year-old male who sustained an industrial injury on 04/08/1996. Diagnoses include herniated disc of the lumbar spine. Treatment to date has included oral and topical medications and home exercise. Diagnostics included MRIs, x-rays and electrodiagnostic testing. According to the progress notes dated 3/30/15, the IW reported numbness and fatigue in the low back. A request was made for one prescription of Salonpas patches, #35 as part of the treatment plan with home exercises for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Salonpas patch #35: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications, salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Salonpas contains methylsalicylate and menthol which is not recommended by ODG guidelines as a topical analgesic. There is no documentation of failure of oral pain medications such as antidepressant. Therefore, Salonpas pads is not medically necessary.