

<b>Case Number:</b>	CM15-0095480		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 was a 59-year-old female, who sustained an industrial injury, July 22, 2012. The injured worker previously received the following treatments back exercises, Motrin and Salonpas Patches. The injured worker was diagnosed with chronic lumbar pain disorder with left lower extremity radiculopathy, multilevel lumbar disc herniations and discopathy and facet arthrosis. According to progress note of April 14, 2015, the injured workers chief complaint was ongoing steady low back pain with intermittent left sciatic pain. There was increased pain with more work load. There was no chair at the job to sit down. The physical exam noted low back tenderness with positive straight leg raises. The treatment plan included prescriptions for Motrin and Salonpas Patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600 mg #90 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months in combination with topical NSAIDs. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

**Salonpas patch #60 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 105-111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Salonpas contains Methyl Salicylate a topical NSAID. Methyl Salicylate has not been studied as extensively as topical Voltaren, which is indicated for osteoarthritis. Efficacy diminished over 2 weeks. Topical NSAIDs can have systemic absorption similar to systemic NSAIDs. Long-term use is not indicated. The claimant had been on topical Zorovolex (NSAID)/Lidoderm for several months prior to Salonpas and the Salonpas had also been used for over 1 month. The continued and chronic use with 2 refills is not recommended. The claimant does not have arthritis. The Salonpas is not medically necessary.