

Case Number:	CM15-0097915		
Date Assigned:	05/29/2015	Date of Injury:	06/20/2014
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male who reported an industrial injury on 6/20/2014. His diagnoses are noted to include: right and left trapezius strain; myofascial pain syndrome; myofascial tender points; and head contusion and abrasion with post-concussion syndrome. His treatments have included medications management; and rest from work before return to modified, and then full work duties. The progress notes of 1/15/2015 reported continued and unchanged pain in the neck and shoulders; disappointment towards not being accommodated back to work at full duty capacity; and the effectiveness and need for daily Salonpas Patches, without Tylenol #3. The objective findings were noted to include negative assessment findings for cervical myelopathy; and tenderness over the bilateral shoulder musculature, with normal range-of-motion, and normal reflexes. The physician's requests for treatments were noted to include the continuation of Camphor and Menthol topical patches. The other medication listed is ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Camphor/Methyl Salicylate/Menthol topical patch #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97, 105, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The MTUS and the ODG guidelines recommend that topical analgesic product can be utilized for the treatment of localized neuropathic pain when standard treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. There is lack of guidelines or FDA support for the chronic use of camphor, methyl salicylate or menthol for the treatment of musculoskeletal pain. The criteria for the use of camphor / methyl salicylate / menthol patch #40 was not medically necessary.

Tylenol No 3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 74, 78-97, 105-111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and interaction with other medications. The records did not show subjective or objective findings consistent with a diagnosis of severe musculoskeletal pain. The physical examination did not show significant abnormal findings indicative of severe musculoskeletal pain syndrome. The criteria for the use of Tylenol #3 QTY 30 was not medically necessary.