

Case Number:	CM13-0035307		
Date Assigned:	12/13/2013	Date of Injury:	09/08/2011
Decision Date:	02/27/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient states that on September 8, 2011, as he was placing full trash bags in a dumpster at work when he felt a popping sensation and pain to his low back. He was diagnosed with: 1) cervical spine sprain with subjective complaints of upper extremity radicular pain, 2) bilateral wrist sprain, resolved, 11) lumbar sprain and strain superimposed on degenerative changes per MRI scan, 4) left L5-S1 radiculopathy. The patient was also diagnosed with orbitis epididymitis. His treatment has included PT, pain medications, lumbar support, epidural and time off of work. A 3/5/12 MRI revealed 2-3 mm posterior disc bulge at L5-S1 with posterior annular tear, effacement of the ventral surface of the thecal sac, mild left neural foraminal narrowing, facet joint hypertrophy. 8/17/13 EMG/NCS :Acute left L4,L5,S1 radiculopathy. 9/20/12 NCS/EMG: Bilateral ulnar entrapment at the elbows; normal EMG study 6/10/13 Physical exam: Cervical spine: Tenderness to palpation; limited range of motion; muscle spasms. Bilateral wrists and hands: There are no objective factors of disability on current clinical exam. Lumbar spine: Tenderness to palpation; limited range of motion; muscle spasms; positive straight leg raises sensory deficits on left over L5-S1 distribution; slightly decreased motor strength on the left. A request for retrospective prescription of Ortho-nesic (duration and frequency unknown) was denied in prior UR and is addressed again in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Ortho-nesic (duration and frequency unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=37658>

Decision rationale: Retrospective prescription of Ortho-nesic (duration and frequency unknown) is not medically necessary per MTUS guidelines. ORTHO-NESIC (menthol) gel is a topical analgesic. Per guidelines : Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents.