

Case Number:	CM15-0148026		
Date Assigned:	08/11/2015	Date of Injury:	02/28/2005
Decision Date:	09/24/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/30/2015

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: Physical Medicine & Rehabilitation

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 34 year old female, who sustained an industrial injury on 2-28-2005. She reported injury to the neck, low back and left knee. The mechanism of injury is unclear. The injured worker was diagnosed as having chronic lumbar pain with radiculopathy, chronic cervical pain with myofascial pain, history of right knee surgeries with internal derangement, history of left hip labral tear, history of right shoulder arthroscopic surgery with residual pain, depression, and anxiety. Treatment to date has included medications, left knee surgery, and right shoulder surgery. The request is for Ortho-Nesic duration and frequency unknown. On 10-6-2014, she reported hip pain, left knee pain. She indicated her pain to be unchanged. The treatment plan included lumbar epidural steroid injection, electrodiagnostic studies, and she was sent to the emergency room for a possible deep vein thrombosis in the left calf. She is temporarily totally disabled. On 1-8-2015, she reported low back and leg pain being worsened. She indicated increased level of pain after her medication had been decreased. The treatment plan included Norco, Fiorinal and Zanaflex. On 2-5-2015, she reported continued pain over multiple areas. She is currently relying on medications. She is not currently undergoing therapy or other modes of treatment. Her current medications are Norco, Zanaflex, and Fiorinal. Her low back pain remains unchanged. Her hip pain increases with standing, walking, sitting, bending, twisting and other activities of daily living. She utilizes a cane for ambulation. She also reported left knee pain, and right shoulder pain. She is noted to have spasm, tenderness and guarding in the low back, and tenderness in the right knee, and limited right shoulder range of motion. The treatment plan included Zanaflex, Norco, Fiorinal, and possible epidural injection. On 4-1-2015,

she reported cervical and lumbar spine pain. She is noted to have a loss in range of motion. Her works status was deferred to the primary treating physician. The treatment plan included Norco, Fiorinal and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ortho-Nesic Gel dispensed on 04/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The 34 year old patient complains of pain in cervical spine and lumbar spine, as per progress report dated 04/01/15. The request is for Retrospective request for Ortho-Nesic Gel dispensed on 04/20/15. Diagnoses, as per progress report dated 04/01/15, included cervical sprain/strain, lumbosacral radiculopathy, and knee tendinitis / bursitis. Medications included Norco, Zanaflex and Fiorinal. The patient is status post right knee surgery and status post right shoulder surgery, as per progress report dated 03/04/15. The patient is temporarily totally disabled, as per progress report dated 12/15/14. MTUS guidelines, page 111 and Topical Analgesics section states MTUS, page 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. [REDACTED], a service of [REDACTED]: For temporary relief from minor aches and pains of sore muscles and joints associated with arthritis pain, backache, strains and sprains. The active ingredients of Ortho-Nesic gel are Menthol and Camphor. MTUS, ODG and ACOEM guidelines do not discuss these components. [REDACTED] recommends this topical for sore muscles and minor joint pains. However, none of the progress reports discuss the request. It is not clear if this is the first prescription for this gel or if the patient has used it in the past. There is no documentation of efficacy in terms of reduction in pain and improvement in function. The treater does not indicate the body part to which the topical will be applied. Given the lack of such documentation, the request IS NOT medically necessary.