

<b>Case Number:</b>	CM15-0214924		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	08/26/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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, 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:

This is a 37 year old female who sustained a work-related injury on 8-26-15. Medical record documentation on 8-26-15 revealed the injured worker was being treated for sprain of the thoracic spine region and myospasm. In a doctor's first report of occupational injury or illness the injured worker reported a "pulling pain" and developed pain in the upper back. She rated her pain level a 7 on a 10-point scale. Objective findings included tenderness to palpation over T5 to T12. She was able to flex to the knee level with moderate tenderness and extend at 5 degrees with moderate tenderness. She had negative straight leg raise and her sensation and strength were intact. Her treatment plan included diagnostic imaging, Toradol injection, Naproxyn 550 mg, Flexeril 7.5 mg and Orthonestic cream. A request for retrospective request for compound drug Ortho-Nesic Gel dispensed 8-26-15 was received on 9-25-15. On 10-23-15, the Utilization Review physician determined retrospective request for compound drug Ortho-Nesic Gel dispensed 8-26-15 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for compound drug Ortho-Nesic Gel dispensed 8/26/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Retrospective request for compound drug Ortho-Nesic Gel dispensed 8/26/15. Ortho-Nesic Gel contains camphor and menthol. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and anticonvulsants have failed. Intolerance or lack of response of oral medications is not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. The request for Retrospective request for compound drug Ortho-Nesic Gel dispensed 8/26/15 is not medically necessary.