

Case Number:	CM15-0089315		
Date Assigned:	05/13/2015	Date of Injury:	09/09/2011
Decision Date:	06/22/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal Medicine

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 54-year-old male injured worker suffered an industrial injury on 09/09/2011. The diagnoses included sprain/strain of the lower back. The diagnostics included cervical and lumbar spine x-rays. The injured worker had been treated with medications. On 9/13/2011, the treating provider reported left lower back, left hip, left shoulder, and right leg pain. On exam, there was left sided tenderness to the neck and tenderness to the lumbar spine left side along with a gait impairment. The treatment plan included Retrospective dispensed on 9/13/11 Orthonesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

MBR Retrospective Orthonesic duration and frequency unknown dispensed on 9/13/11:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. Decision based on Non-MTUS Citation ORTHO-NESIC <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=496fe5be-746f-4332-8513-139c21b14b90>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document a history of low back strain and sprain and cervical neck sprain and strain. Ortho-nesic was requested. Ortho-nesic is an over-the-counter topical product that contains Menthol and Camphor. Topical analgesics in general are not supported by MTUS guidelines. Therefore, the request for topical Ortho-nesic is not supported by MTUS guidelines. Therefore, the request for Ortho-nesic is not medically necessary.