

Case Number:	CM15-0004654		
Date Assigned:	01/15/2015	Date of Injury:	05/13/2013
Decision Date:	03/12/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
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 injured worker is a 52 year old female who sustained an industrial injury on 5/13/13. The injured worker reported symptoms in the shoulder. The diagnoses included right shoulder impingement syndrome, bilateral shoulder arthritis, right wrist sprain/strain, contusion of right knee and right forearm strain. Treatments to date have included oral pain medications, ice/moist heat, and arm sling. Provider documentation dated 6/6/13 noted the injured worker presents with "right shoulder pain; constant, dull and burning, moderate in nature..." the treating physician is requesting a retrospective request for medication prescribed (Orthonestic topical cream dispensed on 6/6/13). On 12/11/14, Utilization Review non-certified a request for retrospective request for medication prescribed (Orthonestic topical cream dispensed on 6/6/13). The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Medication Prescribed (Orthonestic Topical Cream) DOS 06/06/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Orthonesic topical cream date of service June 6, 2013 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Orthonesic contains camphor and menthol. In this case, the injured worker's working diagnoses are contusion shoulder; sprain/strain shoulder; and closed fracture of clavicle. The documentation does not contain subjective findings. The documentation does not contain objective physical examination findings. They are blank. The plan states physical therapy two times a week times four weeks, diclofenac 75 mg, Orthonesic gel, range of motion, DC sling and return in three weeks. Orthonesic topical cream is a topical analgesic. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. Topical analgesics are indicated for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation does not contain signs and symptoms of a neuropathic etiology nor does the documentation contained evidence of a failed trial with its presence in both. Consequently, absent clinical documentation to support the ongoing use of Orthonesic cream, retrospective Orthonesic topical cream date of service June 6, 2013 is not medically necessary.