

<b>Case Number:</b>	CM15-0111042		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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  
 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 42 year old female, who sustained an industrial injury on 8/29/13. She reported initial complaints of a box falling on her arm causing the arm to twist with pain. The injured worker was diagnosed as having cervical sprain with radicular symptoms; left carpal tunnel syndrome; left elbow strain with avulsion fracture; left wrist sprain. Treatment to date has included status post left shoulder arthroscopy with extensive intra-articular debridement of the labrum and synovectomy, subacromial decompression with extensive bursectomy, release of coracoacromial ligament and anterior acromioplasty; arthroscopic rotator cuff repair with 2 Opus suture anchors (5/6/14); Dynasplint; physical therapy; medications. Currently, the PR-2 notes dated 2/9/15 indicated the injured worker returned for a follow-up appointment. Since the last examination, the injured worker reports she feels worse and complains of left shoulder pain rated at 10/10. She reports the pain is associated with weakness, numbness, stiffness and swelling in the left shoulder. She reports that lifting, pushing and pulling aggravate her symptoms. She is continuing her treatment as recommended and currently off work. On physical examination of the left shoulder is noted surgical scars. She is a status post left shoulder arthroscopy with extensive intra-articular debridement of the labrum and synovectomy, subacromial decompression with extensive bursectomy, release of coracoacromial ligament and anterior acromioplasty; arthroscopic rotator cuff repair with 2 Opus suture anchors of 5/6/14. There is tenderness noted over the deltoid complex. Manual muscle testing revealed a 3/5 strength with flexion, extension, abduction, adduction, internal and external rotation. Range of motion was

restricted due to pain. The provider's treatment plan includes a request for Ortho-Nestic analgesic gel 6 ounce tube for a retrospective for date of service 2/9/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ortho-Nestic, retrospective DOS 2/9/15:** 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 rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury without documented functional improvement from treatment already rendered. The Ortho-Nestic, retrospective DOS 2/9/15 is not medically necessary and appropriate.