

Case Number:	CM15-0112897		
Date Assigned:	06/19/2015	Date of Injury:	08/29/2013
Decision Date:	07/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male who reported an industrial injury on 8/29/2013. His diagnoses, and/or impressions, are noted to include: lumbar spine disc protrusion. No current imaging studies are noted. His treatments have included diagnostic studies; a qualified panel medical examination in 3/2015; lumbar epidural steroid injections; medication management; and modified work duties. The progress notes of 4/20/2015 noted complaints of left hip pain. Objective findings were noted to include an unchanged physical examination. The physician's requests for treatments were noted to include Ortho-nesic Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ortho-nesic gel, duration and frequency unknown for DOS 4/20/15: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work-related injury in August 2013 and continues to be treated for left hip pain. When seen, physical examination findings were unchanged. Naproxen and Ortho-Nesic gel were prescribed. Ortho-Nesic gel contains menthol and camphor which are used as topical analgesics in over the counter medications. Topical analgesic medications can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Naproxen was also prescribed. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The requested topical medication was not medically necessary.