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| <b>Case Number:</b>   | CM15-0124565 |                              |            |
| <b>Date Assigned:</b> | 07/09/2015   | <b>Date of Injury:</b>       | 09/30/2013 |
| <b>Decision Date:</b> | 08/10/2015   | <b>UR Denial Date:</b>       | 06/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/29/2015 |

### 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: Arizona, 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:

The injured worker is a 47-year-old female, who sustained an industrial injury due to cumulative trauma on September 30, 2013. She reported feeling weak and having pain in her neck, arms, and elbows. The injured worker was diagnosed as having cervical myalgia, cervical myospasm, right-sided cervical radiculitis/neuritis (not otherwise specified), cervicalgia, cervical spine disc herniation without myelopathy, and cervical spine degenerative joint disease and degenerative disc disease. Diagnostic studies to date have included: On January 10, 2014, an MRI of the cervical spine revealed severe disc bulging at cervical 5-cervical 6 and cervical 6-cervical 7 with bilateral neuroforaminal stenosis and straightening of the spinal cord. There was no cord impingement. Treatment to date has included acupuncture and 16 sessions of physical therapy with relief provided, massage, Botox injections in the neck and shoulders, and medications including antidepressant, steroid, and compounded cream. There were no noted previous injuries or dates of injury, and no noted comorbidities. Work status; Full duty without restrictions. On February 27, 2015, the injured worker complained of constant dull, achy, and numbing neck pain. Her pain is rated: 5 at rest and 9/10 with activities. Associated symptoms included numbness, tingling, weakness, giving way, grinding, and radiating pain into her head, shoulders, arms, hands, fingers, hips, legs, feet, and toes. The physical exam revealed tenderness, guarding, and spasm of the cervical paravertebral region and upper trapezius muscles bilaterally. There was decreased cervical muscle and restricted range of motion due to pain and spasm. The neurological exam was within normal limits. Jamar grip strength: right = 23.0, 22.3, and 20.0 kilograms and left = 19.3, 18.7, 20.7 kilograms. The treatment plan includes Orthoses gel.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthonesic (DOS 2/27/15): 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the Orthonesic contains an unknown amount of Capsaicin and greater than .25% is not indicated. It is primarily indicated for short-term use for arthritis, neuropathy, neuralgia and post-mastectomy pain when other options have failed. In this case, there is no indication of failure of other options. In addition, topical medications are not considered a medically necessity. The request for Orthonesic is not medically necessary.