

Case Number:	CM14-0003267		
Date Assigned:	01/31/2014	Date of Injury:	07/24/2013
Decision Date:	08/05/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who had a work related injury on 07/24/13. The injured worker was working as a cook, he reports that he went to get a case of chicken in the cooler and when he picked up the case he felt a very sharp pain in his lower back and shoulder. Immediately afterwards, he noted pain in his upper back, buttocks, upper arm, forearm, and leg. The next day the same amount of pain in his upper and lower back, buttocks, shoulder, upper arm, forearm, hand, and leg was noted. Treatment has consisted of non-steroidal anti-inflammatory medications, physical therapy, chiropractic treatment, epidural steroid injections. Magnetic resonance image (MRI) of the left knee dated 08/08/13 oblique signal within the posterior horn of the medial meniscus extends to the inferior articular surface and may be related to post-surgical granulation tissue or possible recurrent meniscal tear. MRI of the lumbar spine dated 10/14/13 L4-5 3mm left paracentral disc protrusion with mild mass effect on the traversing left L5 nerve and mild left foraminal stenosis. MRI of the right shoulder with contrast dated 09/27/13 superior labrum anterior and posterior tear of the superior glenoid labrum. Moderate tendinosis of the supraspinatus and infraspinatus tendon. The most recent progress note dated 12/03/13 still gets back and right leg pain associated with weakness. Pain radiates to the right hip, thigh, knee, ankle, foot, and toes. Physical examination of lumbar spine on examination of lumbar spine neurologic examination was intact. Request is for retrospective request for Ortho-Nesic analgesic gel, 6 oz. tube, #1 12/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR ORTHO-NECIC ANALGESIC GEL, 6 OZ TUBE,
#1 12/30/13: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, COMPOUND DRUG(S).

Decision rationale: The request for retrospective request for ortho-nesic analgesic gel, 6 oz tube #1 12/30/13 is not medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Therefore, medical necessity has not been established.