

<b>Case Number:</b>	CM14-0183941		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 62 years old male with date of injury of 6/2/2010. A review of the medical records indicate that the patient is undergoing treatment for cervical and lumbar radiculopathy and left elbow pain. Subjective complaints include neck pain with radiation down bilateral upper extremities and low back pain with radiation down bilateral lower extremities. Objective findings include limited range of motion of the cervical and lumbar spines with tenderness to palpation of the paravertebrals; positive straight leg raise. Treatment has included Tramadol and Lyrica. The utilization review dated 10/21/2014 non-certified Orthogel 32oz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Orthogel 32 oz. Pump # 64, prescribed on 9/26/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** This employee is a 62 years old male with date of injury of 6/2/2010. A review of the medical records indicate that the patient is undergoing treatment for cervical and lumbar radiculopathy and left elbow pain. Subjective complaints include neck pain with

radiation down bilateral upper extremities and low back pain with radiation down bilateral lower extremities. Objective findings include limited range of motion of the cervical and lumbar spines with tenderness to palpation of the paravertebrals; positive straight leg raise. Treatment has included Tramadol and Lyrica. The utilization review dated 10/21/2014 non-certified Orthogel 32oz.