

Case Number:	CM14-0045132		
Date Assigned:	07/02/2014	Date of Injury:	12/26/2012
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine and is licensed to practice in 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:

Patient is a 43-year-old female who has submitted a claim for right shoulder impingement syndrome, partial rotator cuff tear of the right shoulder, cervical sprain / strain with radiculopathy, and carpal tunnel syndrome associated with an industrial injury date of 12/26/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of right shoulder pain radiating to the right arm and elbow, associated with weakness and numbness. Physical examination of the right shoulder showed weakness graded 4/5 and painful range of motion. Treatment to date has included right shoulder surgery, physical therapy, and medications such as cyclobenzaprine, tramadol, naproxen, pantoprazole, and Ortho-Nesic gel. Utilization review from 03/27/2014 denied the request for Ortho-Nesic analgesic gel 6 oz tube because there was no documentation provided that the patient had reported functional gain or decreased pain from its use. There was likewise no documentation that the patient had failed attempts at using antidepressants or anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho-Nesic analgesic gel 6OZ tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: Ortho-Nesic analgesic gel contains the active ingredients of menthol and camphor. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, patient has been using Ortho-Nesic gel since December 2013. However, there was no documented rationale for this topical drug as there was no evidence that patient had intolerance to oral medications that may warrant its use. Symptom relief and functional improvement derived from its use were not evident in the records submitted. Therefore, the request for Ortho-Nesic analgesic gel 6 oz tube is not medically necessary.