

Case Number:	CM14-0063608		
Date Assigned:	07/11/2014	Date of Injury:	09/20/2011
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/06/2014

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 Management 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:

This is a 68-year-old male with a 9-20-2011 date of injury. A specific mechanism of injury was not described. A 4/18/14 determination was non-certified given no indication that the patient had tried and failed antidepressants and anticonvulsants. A 1/16/14 medical report identified pain to the neck, shoulders, wrists, low back, knees, and ankles. Exam revealed tenderness, decreased range of motion, and decreased strength. Diagnoses includes cervical spine, shoulder, wrist, lumbar, bilateral knee, and bilateral ankle sprain/strain. Treatment to date includes medication, physical therapy, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthogel Roll-On: 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: MTUS Chronic Pain Medical Treatment Guidelines state Boswellia Serrata Resin; a component of Orthogel; is not recommended for chronic pain. There were no guidelines found for the use of several of the ingredients of the requested medication. In addition, any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. There was no rationale for the need of this specific medication as opposed to a more widely supported oral, or even topical, medication.