MAXIMUS Federal Services

Case Number:	CM14-0064518		
Date Assigned:	07/11/2014	Date of Injury:	04/26/1991
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 Texas. 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 57 year old male who injured his back on 04/26/91. He was lowering a refrigerator from the truck when it slipped and fell on him twisting his back. He was examined and treated and has been on totally disability since then. Most recent medical record submitted for review is dated 05/27/14. The injured worker returns to the office for a follow-up complaining of knee pain and generalized body pain. The pain is constant. TENS unit helps the injured worker to reduce medication usage and be more functional. Physical examination noted a slow antalgic gait. There is diffused tenderness throughout the cervical and lumbar spine. Diagnoses include chronic pain syndrome, major depressive disorder with intermittent suicidal ideation and maladaptive behavior, chronic cervical sprain/strain, chronic lumbar sprain/strain, and hyperlipidemia. Current medications are Norco 10/325mg twice a day as needed, Nexium 40mg qd for gastritis, Topamax, Diazepam, Zoloft by the psychiatrist, and Ortho gel applied twice a day for pain. Prior utilization review on 04/30/14 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthogel 12oz: 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 rationale: 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound cannot be recommended as medically necessary.