

Case Number:	CM14-0090068		
Date Assigned:	07/25/2014	Date of Injury:	02/02/2001
Decision Date:	10/01/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 56-year-old woman who sustained a work-related injury on February 2, 2001. She subsequently developed chronic right knee pain for which she underwent an arthroscopy, chronic back and neck pain. According to a progress report dated on August 16, 2014, the patient underwent several cervical epidural injections without significant improvement. She was also treated with the trigger point injections, lumbar sympathetic block, physical therapy, chiropractic therapy and medications. Her physical examination demonstrated cervical tenderness with reduced range of motion, weakness of the left upper extremity and persistent dysesthesia in the right leg with abnormal leg weakness. Her urine drug screen was consistent with the medications used for her pain management. The provider requested authorization to use Ortho Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Gel: 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 Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111) are largely experimental with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of first line pain medications. Based on the above, Ortho Gel is not medically necessary.