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| <b>Case Number:</b>   | CM14-0193989 |                              |            |
| <b>Date Assigned:</b> | 12/01/2014   | <b>Date of Injury:</b>       | 09/10/2005 |
| <b>Decision Date:</b> | 02/18/2015   | <b>UR Denial Date:</b>       | 10/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/19/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 male who was injured on September 10, 2005. The patient continued to experience pain in his right shoulder, right elbow, bilateral knees, and low back. Physical examination was notable for decreased range of motion of the right shoulder, tenderness over the right lateral epicondyle, slight decreased sensation in the right ring and little fingers, tenderness of bilateral knees medially, intact sensation of all extremities, and normal motor strength of all extremities. Diagnoses included rotator cuff of the right shoulder, lateral epicondylitis of the right elbow, lumbosacral strain, and evidence of bilateral meniscus tears. Treatment included medications, surgery, and TENS unit. Request for authorization for orthogel topical ointment was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthogel topical ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation

Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain ;  
UpToDate: Camphor and menthol: Drug information, Clinical manifestations and evaluation of  
potentially toxic plant ingestions in children; Sunburn.

**Decision rationale:** Orthogel is a topical medication containing menthol, camphor, aloe, Ilex, and glucosamine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request should not be authorized. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Camphor and menthol are not recommended. Ilex is more commonly known as the holly plant. Ingestion of berries can cause mild gastrointestinal irritation. It is not recommended. Aloe may be used for the relief of skin discomfort of sunburn. It is not indicated. Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. Studies show improvement in osteoarthritis of the knee. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended.