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| Case Number: | CM15-0045324 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 06/05/2013 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 02/24/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male, who sustained an industrial injury on 6/5/2013. The details of the initial injury were not submitted for this review. The diagnoses have included headaches, cervical disc protrusion C6-7, and cervical myospasm. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, chiropractic therapy, acupuncture and a cervical steroid epidural was requested, however, no documentation was submitted to support this was completed. Currently, the IW complains of neck pain in right side of head, headaches, and stiffness. The physical examination from 1/20/15 documented there was no change in cervical tenderness, tightness, and Range of Motion (ROM). The plan of care included completion of acupuncture treatment with additional requested and topical medication.

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 Chronic pain, Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Ortho-Nesic analgesic gel, CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, there is no documentation of neuropathic pain that has failed treatment with antidepressants and anticonvulsants. Given all of the above, the requested Ortho-Nesic analgesic gel is not medically necessary.