

Case Number:	CM15-0019174		
Date Assigned:	02/09/2015	Date of Injury:	09/10/2005
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 injured worker is a 58 year old male, who sustained an industrial injury on 09/10/2005. He has reported subsequent back, knee and shoulder pain and was diagnosed with tear of medial cartilage of meniscus of the knee, lateral epicondylitis of the right elbow, rotator cuff tear of the right shoulder, lumbar sprain and other synovitis/tenosynovitis. Treatment to date has included surgery. Multiple other conservative treatments including TENS unit, lumbosacral brace and Supartz injections were noted as being requested but there was no evidence that these treatments were authorized or performed. In a progress note dated 12/17/2014, the injured worker complained of continued bilateral shoulder and knee pain along with back pain. Objective physical examination findings were not documented during the most recent visit. A request for authorization of Orthogel was made as it was noted that this had helped decrease the injured worker's pain in the past. On 01/08/2015, Utilization Review non-certified a request for Orthogel, noting that current evidence based guidelines do not support the use of creams in the injuries cited and that no other medical justification was given as to why the creams were being used. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthogel topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case Orthogel topical cream is a compounded analgesic medication. The documentation doesn't support that the patient has failed first line treatment. Therefore, the request is not medically necessary.