

Case Number:	CM15-0125866		
Date Assigned:	07/10/2015	Date of Injury:	09/20/2013
Decision Date:	09/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/30/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 09/20/2013 resulting in injury to the right shoulder and elbow. Treatment provided to date has included: right shoulder surgery (2014); physical therapy; right elbow corticosteroid injection (2014); medications (tramadol, naproxen, cyclobenzaprine, and pantoprazole); and conservative therapies/care. Diagnostic tests performed per the QME (Qualified Medical Examination): MRI of the right shoulder (2013) showing a type II acromion, mild bicep tenosynovitis, mild subcoracoid bursitis, and mild subscapularis tendinosis; and electrodiagnostic testing of the upper extremities (2013). There were no noted comorbidities. Other dates of injury included 06/07/2010 through 09/2013. On 02/17/2015, physician progress report noted complaints of right shoulder pain after returning to work. The pain was not rated and no description of pain was provided. Additional complaints included 4th and 5th digit numbness and tingling, and elbow pain. Current medications include naproxen, cyclobenzaprine, and pantoprazole. The physical exam revealed shoulder flexion of 170° and full extension. The provider noted diagnoses of status post shoulder surgery, status post right elbow surgery (2012), status post carpal tunnel release (2012), and status post 5th digit trigger finger release (2010). Plan of care includes continued home exercise program, moist heat, continued current medications, Ortho Nestic gel, and follow-up in 4 weeks. The injured worker's work status was not specified. The request for authorization and IMR (independent medical review) includes: retrospective request for Ortho Nestic gel with a date of service of 02/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Ortho Nestic gel DOS 02/17/2015: Upheld

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

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

Decision rationale: Ortho-Nestic gel contains camphor and Menthol. According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, there was documented evidence of neuropathic pain and there is no documentation of inability to use an oral agent. Medical necessity for the requested topical analgesic has not been established. The requested topical Ortho-Nestic gel is not medically necessary.