

Case Number:	CM15-0040255		
Date Assigned:	03/10/2015	Date of Injury:	10/28/1998
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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

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 65 year old female, who sustained a work/ industrial injury on 10/28/98. She has reported initial symptoms of right knee pain. The injured worker was diagnosed as having right knee degenerative osteoarthritis. Treatments to date included medication (Norco, Anaprox, Skelaxin, Ortho gel), s/p right total knee arthroplasty (7/2014), right knee aspiration, scar revision, irrigation and debridement, removal of bursa, video arthroscopy (9/2014), physical therapy, psychological care, and home exercises. Currently, the injured worker complains of right hip pain. Diagnosis was bursitis and osteoarthritis. The treating physician's report (PR-2) from 1/6/15 indicated the right knee was well healed with range of motion 95 degrees, and without laxity or crepitus. The right hip had pain secondary to altered gait. Treatment plan was to authorize for a surgical consultation to discuss surgical options for the right hip, continue home exercises, medications to include a topical Ortho gel for comfort.

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): 22, 63, 78, and 111 - 113. Decision based on Non-MTUS Citation Independent Medical

Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.orthogel.com/about>.

Decision rationale: Only two medical reports are provided for review and one deals with psych issues. The sole progress report dated 01/06/15 is handwritten and difficult to interpret. It states the patient presents with right knee and right hip pain. The current request is for ORTHO GEL per the 01/06/15 RFA. The reports does not state if the patient is working. The MTUS and ODG do not discuss this specific medication. On line research <http://www.orthogel.com/about> states the Orthogel Advance Pain Relief is manufactured by Orthopedic Pharmaceuticals Inc. and is an OTC topical analgesic that contains Menthol, camphor, ilex, Aloe, Vitamin E and other synergistic ingredients. MTUS, pg 111-113 Topical Analgesics, Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. The treating physician does not discuss the intended use of the requested medication. No clinical evidence is provided that this mediation is for neuropathic pain following a trail of anti-depressants and anticonvulsants. In this case, the request IS NOT medically necessary.