

Case Number:	CM15-0093020		
Date Assigned:	05/19/2015	Date of Injury:	03/06/2009
Decision Date:	06/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68-year-old female, who sustained an industrial injury on 3/6/09. She reported pain in knees, low back, left shoulder and hand. The injured worker was diagnosed as having right knee osteoarthritis, bilateral knee internal derangement and bilateral knee sprain/strain. Treatment to date has included physical therapy, cortisone injections, acupuncture, topical medications including Ortho-Nesic Gel and oral medications. X-ray of right knee performed on 3/13/15 revealed moderate osteoarthritis. Currently, the injured worker complains of continued right knee pain. Physical exam noted crepitus, tenderness on palpation of LJL and patella and effusion of right knee. The treatment plan included refilling Ortho-Nesic Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Nesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylate Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://daily.med.nlm.nih.gov/daily/med/drugInfo.cfm>.

Decision rationale: Ortho Nestic Gel is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of this topical medication. The online review states that this is Menthol and Camphor are ingredients in Ben Gay, which is a methyl salicylate and supported by the MTUS. The online review of this medication states that this topical gel is for the temporary relief of pain. The documentation does not indicate intolerance to oral medications. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This medication is for temporary relief and the MTUS states that most topical analgesics are largely experimental. There is not documentation of inability to take oral medications. For these reasons the request for Ortho Nestic Gel is not medically necessary.