

Case Number:	CM14-0168361		
Date Assigned:	10/16/2014	Date of Injury:	05/06/2012
Decision Date:	12/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 yr. old male claimant sustained a work injury on 5/6/12 involving the right knee. He sustained a femur fracture and was diagnosed with tricompartmental osteoarthritis and degenerative alignment of a right femur fracture fixation. He underwent a right knee arthroplasty in April 2014. A progress note on 5/14/14 indicated the claimant had 8/10 right knee pain, Exam findings were notable for limited range of motion of the knee with tenderness over the joint lines. He was given oral analgesics and topical analgesics including Kera-Tek analgesic gel and Flubiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-tek Analgesic gel 4oz, apply a thin layer to affected area two-three times daily:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5527b965-615b-4eff-8597-8c3e2e626f61>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Kera-tek contains topical NSAID - Methsalyclate. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. In this case, the length of use was not specified. In addition, the claimant was also given topical Flurbiprofen (another topical NSAID). There is no indication for giving two topical NSAIDs. The requested Kera-Tek gel is not medically necessary.