

Case Number:	CM14-0174688		
Date Assigned:	10/27/2014	Date of Injury:	04/04/1992
Decision Date:	12/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Wisconsin. 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 injured worker is a 54-year-old male who reported an injury on 04/04/1992 due to an unspecified mechanism of injury. The diagnoses included chronic lumbar strain with multiple level disc bulging, right knee chondromalacia, tricompartmental, right knee post-traumatic arthritis, cervical strain, lumbar strain with radiation to the right lower extremity rule out disc herniation, and right shoulder strain/rotator cuff syndrome, rule out full thickness rupture. Diagnostics included an MRI of the lumbar spine dated 03/12/2014 that revealed foraminal narrowing and facet hypertrophy at the L5-S1 with a 3 mm to 4 mm disc bulge. Disc bulges and facet hypertrophy at the L3-4 and L4-5. T12-L3 revealed a 2 mm to 3 mm disc bulge with facet hypertrophy. Probable small left renal cyst appeared to be benign at the L1 hemangioma. The MRI of the right knee, dated 03/12/2014, revealed degenerative signal of the medial lateral meniscus with a questionable small tear at the anterior horn of the lateral meniscus. Joint infusion with very mild patellar cartilage thinning and medial compartmental cartilage thinning. There was no fracture and tendon or ligament tear. Prior treatments included injections to the knee and medications. The medications included Norco, Motrin, Kera-Tek gel, and Flexeril. The injured worker rated his pain 8/10 without medication and a 3/10 with medication. The objective findings, dated 08/13/2014, revealed a well-nourished, well developed male with no acute stress, without signs of over medication. Examination of the left knee revealed crepitus on passive range of motion. There is tenderness noted medially and laterally. Range of motion was 0 degrees to 120 degrees. Strength was a 4+/5 at the quadriceps. Neurologically intact to bilateral lower extremities. The treatment plan included refill for the Kera-Tek gel and Flexeril. The Request for Authorization, dated 10/27/2014, was submitted within the documentation. The rationale for the medication was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek gel 4 oz.: Upheld

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

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

Decision rationale: The request for Kera-Tek gel 4 oz. is not medically necessary. The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized trials recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. Per the guidelines, any compound that contains at least 1 drug that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The documentation indicated that the injured worker failed conservative care; however, the documentation also indicated that the injured worker is taking Norco and Motrin for pain that was effective for pain control. Additionally, the request did not address the frequency or dosage. As such, the request is not medically necessary.

Flexeril (cyclobenzaprine HCl) 10 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril (cyclobenzaprine HCl) 10 mg # 60 is not medically necessary. The California MTUS Guidelines recommend Flexeril is an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. The treatment should be brief. The clinical notes indicate that the injured worker was taking the Flexeril and the injured worker was prescribed the Flexeril on 08/13/2014 clinical notes. The guidelines indicate that the greatest effect of the medication is within the first 4 days of treatment and course should be brief. Additionally, the request is for an additional 60 tablets, which exceeds the recommended guidelines. The request did not indicate the frequency. As such, the request is not medically necessary.