

Case Number:	CM14-0095657		
Date Assigned:	07/25/2014	Date of Injury:	10/04/2013
Decision Date:	12/18/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 29-year-old female with a date of injury of 10/24/2013. According to progress report, 04/25/2014, the patient complains of pain in both knees. The patient is currently working her regular duties with no restrictions. Examination revealed patient walks with a limp favoring her right lower extremity. McMurray's and patellofemoral grind test were positive on the left. The listed diagnoses are: 1. Left knee strain. 2. Left knee fracture. 3. Rule out meniscus tear, left knee. 4. Right knee strain. This is a request for Motrin 800 mg, Kera Tek gel, and a topical compound cream. Utilization review denied the request on 06/21/2014. Treatment reports from 11/21/2013 through 04/25/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61; 22.

Decision rationale: This patient presents with bilateral knee pain. The current request is for Motrin 800 mg #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume but long term use may not be warranted." Medical records indicate the patient has been utilizing Motrin for pain and inflammation since at least 01/02/2014. Treater states that Motrin is the only medication that patient is currently utilizing for pain. It was noted that patient's medications helped control patient's symptoms and aid in restoring function which has been helping her to perform her activities of daily living. Progress reports also note that the medications are also necessary to allow the patient to continue at "gainful employment". In this case, Motrin is the only oral medication this patient is taking and the treater states that it helps to control the symptoms and allows her to continue working. Given such findings, the request is medically necessary.

Kera Tek Gel: Overturned

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: This patient presents with bilateral knee pain. The treating physician report dated 4/25/14 states, "patient has some irritations with Motrin, and he would like to add Kera Tek gel to patient's medication regimen." This is an initial request. Kera Tek is a topical analgesic that contains methyl salicylate 28% and menthol 16%. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient presents with knee pain and a topical NSAID on a trial basis may be indicated. The request is medically necessary.

Flubiprofen/Cyclobenzaprine/Menthol cream 180 gm: 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: This patient presents with bilateral knee pain. The current request is for a compound topical cream that includes Flurbiprofen, Cyclobenzaprine, and menthol cream 180 gm. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Therefore, the entire compound cream is not supported. The request is not medically necessary.