

Case Number:	CM14-0205009		
Date Assigned:	12/17/2014	Date of Injury:	06/15/2005
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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 IW is a 49 year old man who slipped and hit his right knee on metal while working on 6/15/2005. He did not improve significantly with treatment and a MRI was obtained that was significant for a right medial meniscus tear. On 12/15/2005 he underwent arthroscopic repair of his meniscal tear. He continued to have difficulty and on 8/23/2005, a MRI showed further tearing of the medial meniscus. He received a second right knee surgery on 10/25/2007 followed by a 7/18/2009 total knee hemi arthroplasty. He also started to complain of low back pain. He was found to have multi-level herniated discs at L2-S1

Diagnoses

1. Right medial meniscal tear
2. Probably right medial collateral ligament tear
3. Lateral patellar subluxation, right knee
4. Post-traumatic degenerative arthritis
5. Chronic right synovitis
6. Chondromalacia patella
7. Right Baker's cyst
8. Right infrapatellar tendinitis
9. Chronic LBP
10. Lumbar disc bulges

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclo/Mentho 20%/10%/4% cream 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation U.S. National Institutes of Health (NIH), National Library of Medicine (NLM), PubMed, 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

Decision rationale: The IW presents with chronic right knee pain despite surgery and conservative management. The CA MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not support cyclobenzaprine in topical products. Recommendation is for denial of this compounded topical analgesic as it is not supported in the MTUS guidelines.

Keratek Gel 4oz. bottle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methyl Salicylate; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Methyl Salicylate

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

Decision rationale: The patient presents with chronic right knee. The current request is for Keratak Gel 4 oz which is a topical NSAID. The MTUS Guidelines are specific that topical NSAIDS are for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." MTUS does support the usage of Keratek for treatment of the knee and the treating physician has documented that the patient has a peripheral joint arthritic condition that requires topical NSAIDS. Recommendation is for authorization.

Norco 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96.

Decision rationale: The IW presents with a long history of low back and right knee pain. MTUS recommends the usage of Norco for the treatment of moderate to moderately/severe pain and continued usage of the medication must be substantiated with proper documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). There is documentation of screening for adverse behavior through urine drug screening. But the medical records most notably lack documentation of pain reduction and functional benefit from the use of opioids. Medical necessity has not been established and recommendation is for denial.