

Case Number:	CM14-0207041		
Date Assigned:	12/22/2014	Date of Injury:	07/30/2013
Decision Date:	02/13/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/10/2014

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, 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 32 year old male with an injury date of 07/30/13. Based on the 07/22/14 progress report, the patient says that he "does not use pain killer but states that he cannot walk more than 10 minutes without pain." He walks with a limp on flat surface. The 08/07/14 report indicates that the patient has pain in his left middle finger, left hand, left wrist, mid back, low back, right ankle, and right knee. His left hand middle finger is stiff and he rates this pain as a 2-8/10. He has muscles spasms in his left hand and also rates this pain as a 2-8/10. His low back pain radiates to the right leg, foot level. He has numbness/tingling in the right leg and rates this pain as a 4-8/10. His right ankle is weak and has a give-away sensation. He uses a cane for support and rates this pain as a 7/10. His right knee pain is located at the outer side of the knee. He has weakness, numbness, swelling and a give-away sensation. He has an abnormal gait and rates this pain as a 5-8/10. The 09/29/14 report states that the patient continues to have pain in his lumbar spine, left wrist/hand/fingers, and right leg/knee/ankle. In regards to the lumbar spine, there is tenderness to palpation, a limited range of motion, an antalgic gait, and the patient uses a cane. For the right knee, there is tenderness to palpation, no sensation over the central and medial aspect of the right knee, and no sensation to sharp or dull tactile stimulus over the medial right gastrocnemius muscle. The patient's diagnoses include the following: 1.Sleep issues 2.Extreme weight gain 3.Hypertension 4.Left middle finger distal phalanx fracture 5.Left wrist strain 6.Left lower extremity pain secondary to compensation 7.Chronic lumbar strain secondary to gait abnormality 8.Status post right tibia irrigation, debridement, internal fixation and rotational muscle flap and skin graft 9.Status post open right tibial fracture The utilization review determination being challenged is dated 11/15/14. Treatment reports were provided from 04/29/14- 09/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel 4 ounces: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical, topical analgesic Page(s): 105, 111-113.

Decision rationale: The patient presents with pain in his left middle finger, left hand, left wrist, mid back, low back, right ankle, and right knee. The request is for Kera-Tek Analgesic gel 4 ounces to "help him transition from the stronger narcotic medication and continue to provide relief of his chronic pain." The utilization review denial rationale is that "there is no evidence that this patient has tried and failed oral medications to include antidepressants and anticonvulsants for the pain, or even that there is a neuropathic component to the subjective complaints." Regarding the right knee, there is tenderness to palpation, no sensation over the central and medial aspect of the right knee, and no sensation to sharp or dull tactile stimulus over the medial right gastrocnemius muscle. It appears that this is the initial request for Kera-Tek analgesic gel. Kera-Tek analgesic gel contains Menthol 16g in 100g and Methyl Salicylate 28g in 100g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: 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. Neuropathic pain: Not recommended as there is no evidence to support use." In this case, the patient presents with right knee pain, for which this gel is indicated for. MTUS recommends Kera-Tek gel for "osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." A trial of Kera-Tek gel appears reasonable. The requested Kera-Tek analgesic gel is medically necessary.