

Case Number:	CM14-0207506		
Date Assigned:	12/19/2014	Date of Injury:	06/21/2011
Decision Date:	02/11/2015	UR Denial Date:	11/17/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 46 year old male presenting with a work related injury on 06/21/2011. The patient is status post several lumbar spine surgeries. On November 4, 2014 patient complained of pain and discomfort to the left knee, and, and automatic split. The pain was rated a 9/10. The physical exam was significant for stiffness and pain to the left knee. X-rays of the left knee and left tibia showed no increase in osteoarthritis. X-ray of the lumbar spine and thoracic spine showed no degenerative changes. MRI of the lumbar spine was significant for facet arthropathy at L4 - L5, hypertrophy of ligamentous labor; status post anterior spinal fusion at L5 - S1, interbody device for anterior spinal fusion noted, screw with washer at S1 for stabilization, bone density in the intervertebral disc space, which may represent postsurgical changes or trabecular bone abridging, bilateral L5-S1, mild bilateral bony neural foraminal stenosis. The patient was diagnosed with disc herniation of the lumbar spine at L5 - S1 level and left knee injury. The provider recommended a compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Karatek Analgesic Gel 4 oz (methyl salicylate/menthol): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

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

Decision rationale: Kera-Tek Analgesic Gel contains methyl salicylate 28 percent and menthol 16 percent. According to California MTUS, 2009, Chronic Pain, page 111, California MTUS guidelines do not cover "topical analgesics that are largely experimental in use with a 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". CA MTUS page 111 states that topical analgesics such as Methyl Salicylate, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore, the request is not medically necessary.

Flurbiprofen 20%/Cyclobenzaprine 10%/menthol 4% Compound Cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: According to California MTUS, 2009, Chronic Pain, page 111, California MTUS guidelines do not cover "topical analgesics that are largely experimental in use with a 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". CA MTUS page 111 states that topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore the request is not medically necessary.

