MAXIMUS Federal Services

Case Number:	CM15-0008212		
Date Assigned:	01/23/2015	Date of Injury:	09/28/2012
Decision Date:	03/13/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Family Practice

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 63 year old female who sustained a work related injury September 28, 2012. While at work, she fell down stairs and had a twisting injury to her left knee and left ankle. She was initially treated with physical therapy and underwent arthroscopic surgery, left knee. An EMG (electromyography) report dated September 16, 2014, reveals findings are consistent with left peroneal entrapment neuropathy, most likely about the knee. Indicators of acute lumbar radiculopathy were not seen (report present in medical record). An initial orthopedic evaluation report dated September 29, 2014, reveals the injured worker presented with left knee pain with clicking, locking and catching. Physical examination reveals she walks with a left antalgic gait; there is moderate intra-articular effusion about the knee; marked pain to palpation over the medial joint line of the knee; range of motion of the knee is full; Lachman's sign, anterior drawer sing, McMurray's sign, Steinman's test and Apley compression and distraction tests are positive. Diagnoses is documented as anterior cruciate instability of the left knee with medial meniscus tear; chronic instability of the left ankle. Treatment plan included obtaining an updated MRI of the left knee and ankle; urine toxicology and prescriptions for Keratek Gel and Flurbiprofen/Cyclobenzaprine/ Menthol cream. Work status is documented as temporary partial disability. There is no MRI (magnetic resonance imaging) or x-ray reports, or current physician progress notes present in the medical record.According to utilization review dated December 8, 2014, the request for Keratek Gel #4 is non-certified, citing MTUS guidelines. The request for Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10%/4% #180gm is non-certified, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

kera tek gel #4oz: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

Decision rationale: Kera Tek Gel contains methyl salicylate and menthol. Methyl salicylate is recommended and has been found to be significantly better than placebo in chronic pain. This is listed under salicylate topicals in the MTUS. Bengay is given as an example and it contains methyl salicylate and menthol. The section on topical analgesics does not specifically address this medication as does the section on salicylate topicals, therefore this decision is based on the MTUS guidelines specifically addressing salicylate topicals.

Flurbiprofen/Cyclobenzaprine/Menthol cream 20%/10%/4% #180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Topical NSAID's such as Flubiprofen are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use of 4-12 weeks. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of muscle relaxants as a topical product. Menthol is not specifically mentioned in the MTUS except in combination with methyl salicylate. However, since topical cyclobenzaprine is not medically necessary, the compound as a whole is not medically necessary. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.