

<b>Case Number:</b>	CM15-0134030		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	09/06/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 32 year old male who sustained an industrial injury on 9/6/14. He had complaints of left knee pain and laceration. Treatments include: medications, suture of laceration and surgery. Progress report dated 4/10/15 reports orthopedic evaluation for the injury to the left knee. The injured worker has occasional left knee pain rated 4/10. The pain increases with walking, standing, flexing and extending the knee and with ascending and descending stairs. The knee also gives way. Diagnoses include: left knee anterior cruciate ligament tear, status post left knee anterior cruciate ligament reconstruction, left knee post-traumatic osteoarthritis, rule out meniscal tear and ligament tear of left knee. Plan of care includes: recommend topical Kera-Tek for his chronic pain, urine toxicology screen collected, request authorization for MR arthrogram of the left knee and PRP injection to the left knee. Work status: currently working usual customary duties. Follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kera-Tek analgesics gel:** 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 Salicylate, Topical analgesic Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylate topicals, Topical analgesics.

**Decision rationale:** Kera-Tek Gel is the brand name version of a topical analgesic medication containing menthol and methyl salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." The medical documents do not support the use of this topical compound agent. As such, the request for Kera-Tek analgesics gel is not medically necessary.

**Other-MRA, with contrast, left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, MR arthrography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MR Arthrography.

**Decision rationale:** Official Disability Guidelines also state that MR arthrography is recommended as a "post-operative option to help diagnose a suspected residual or recurrent tear." ACOEM guidelines additionally recommend arthrography of the knee suspected ligamentous or meniscus tear. The medical evidence provided indicates this patient is status post ACL repair. Patient continues to have instability and pain as well as positive findings on physical exam. The treating physician indicates the test is to rule out meniscal and ligamentous tears, which is appropriate according to guidelines. As such, the request for Other-MRA, with contrast, left knee is medically necessary.

**PRP Injection, left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, platelet-rich plasma therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Platelet Rich Plasma (PRP).

**Decision rationale:** The MTUS is silent on Platelet Rich Plasma (PRP) injections, but according to the ODG Under study, "This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. (Filardo, 2009) Platelets are known to release various growth factors that are associated with tissue regeneration/healing and angiogenesis, as well as a variety of chemicals (adenosine, serotonin, histamine, and calcium) that may be important in inhibiting inflammation and promoting angiogenesis. The exact mechanism of action in the context of PRP is still being investigated." PRP is still a developing treatment and is only recommended for "refractory patellar tendinopathy." The treating physician has not documented refractory patellar tendinopathy. As such, the request for PRP Injection, left knee is not medically necessary.