

Case Number:	CM15-0140148		
Date Assigned:	07/29/2015	Date of Injury:	05/23/2011
Decision Date:	08/26/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male, who sustained an industrial injury on 5-23-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar myofascial pain, lumbar radiculopathy, status post lumbar discectomy and fusion, left knee osteoarthritis, status post left knee replacement and right knee torn medial meniscus. X rays showed loss of lumbar lordosis and knee x rays are unchanged. Treatment to date has included therapy and medication management. In a progress note dated 6-1-2015, the injured worker complains of bilateral knee and low back pain. Physical examination showed tenderness in the bilateral knee and lower back. The treating physician is requesting Kera-Tek gel #113 apply 1-2gm 2-3 times per day, 4 ounce bottle and Flurbiprofen-cyclo-menthol cream apply 1-2 gm 2-3 times per day 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek gel #113 apply 1-2gm 2-3 times/day, 4 oz bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Kera-Tek analgesic gel was requested. Keta-tek has active ingredients of methyl salicylate and menthol. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medication as the patient is concurrently prescribed anti-inflammatory, Flurbiprofen. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic 2011 injury beyond guidelines criteria. The Keratek gel #113 apply 1-2gm 2-3 times/day, 4 oz bottle is not medically necessary and appropriate.

Flurbiprofen/cyclo/menth cream apply 1-2 gm 2-3 times/day 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen/cyclo/menth cream apply 1-2 gm 2-3 times/day 180 gm is not medically necessary and appropriate.