MAXIMUS Federal Services

Case Number:	CM15-0162087		
Date Assigned:	08/28/2015	Date of Injury:	03/24/2008
Decision Date:	10/08/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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 49 year old male, who sustained an industrial injury on March 24, 2008. He reported an injury to his left shoulder, left hip, left knee, left ankle and left foot. Treatment to date has included diagnostic imaging, left shoulder arthroscopy, intra-articular cortisone injection, cognitive behavioral therapy, physical therapy, left ankle surgery, and medications. An evaluation on June 29, 2015 revealed the injured worker reported a progression in his left knee, left ankle and left shoulder symptoms. He reported significant pain in the left shoulder and has marked patellar instability as well as a positive apprehension sign. Imaging of the left knee revealed lateral tilt of the patella with patellofemoral malalignment. Imaging of the left shoulder and left foot revealed no progression of osteoarthritis. The diagnoses associated with the request include internal derangement of the left knee, and patellofemoral pain. The treatment plan includes left knee lateral release and medial repair, TENS unit, Orphenadrine-caffeine, Gabapentin-Pyridoxine, Omeprazole-Flurbiprofen, Flurbiprofen-Cyclobenzaprine-Menthol Cream, ice-heat therapy and Keratek Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Pyridoxine 250mg/10mg 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient was injured on 03/24/08 and presents with pain in his left knee, left ankle, and left shoulder. The request is for Gabapentin/Pyridoxine 250mg/10mg 120. There is no RFA provided and the patient is to return to modified work on 06/30/15 with no prolonged standing/walking, no bending/stooping/climbing, and no kneeling/squatting/crawling. It appears that this is the initial request for this medication. MTUS Guidelines, Gabapentin, pages 18 and 19 revealed the following: Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. MTUS page 60 also states, A record of pain and function with the medication should be recorded, when medications are used for chronic pain. The patient has marked patellar instability in his left shoulder as well as a positive apprehension sign. He is diagnosed with internal derangement of the left knee, and patellofemoral pain. This appears to be the initial trial prescription for Gabapentin/Pyridoxine. In this case, there is no documentation of any neuropathic pain for which Neurontin is indicated. Therefore, the request is not medically necessary.

Kera Tek Gel 4oz bottle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

Decision rationale: The patient was injured on 03/24/08 and presents with pain in his left knee, left ankle, and left shoulder. The request is for Kera Tek Gel 4 oz. bottle. The utilization review rationale is that the documentation provided does not indicate that this claimant is unable to take oral anti-inflammatory medications as needed for acute exacerbations of pain. There is no RFA provided and the patient is to return to modified work on 06/30/15 with no prolonged standing/ walking, no bending/stooping/climbing, and no kneeling/squatting/crawling. It appears that this is the initial request for this topical. Kera- Tek analgesic gel contains Menthol 16 g in 100g and Methyl Salicylate 28 g 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." The patient is diagnosed with internal derangement of the left knee, and patellofemoral pain. In this case, the patient presents with left 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.