

Case Number:	CM15-0167219		
Date Assigned:	09/04/2015	Date of Injury:	06/22/1987
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina
 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:

This is a 53-year-old male who sustained an industrial injury on 06-22-1987. Diagnoses include right knee meniscus tear, status post arthroscopy x 2; post-traumatic early arthritis, right knee; left knee meniscus tear; status post left knee arthroscopy x 1; cervical disc herniation with left upper extremity radicular pain; and bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release. Treatment to date has included medication, physical therapy, bilateral knee arthroscopy. According to the progress notes dated 7-9-2015, the IW (injured worker) reported constant neck pain, rated 6 out of 10; intermittent hand pain rated 7 out of 10 on the right and 5 out of 10 on the left; constant bilateral hand pain rated 5 out of 10; and intermittent knee pain rated 8 out of 10 on the right and 5 out of 10 on the left. Rest improved the pain and activity and weather made it worse. On examination, the cervical spine had decreased range of motion (ROM) and the levator scapulae and trapezius muscles were tender to palpation with hypertonicity. Cervical compression test was positive. The neurovascular and motor exams of the bilateral upper extremities were within normal limits, except for sensory loss in the C7 dermatome bilaterally. There was tenderness over the bilateral dorsal carpals and decreased sensation in the median nerve distribution bilaterally. ROM was decreased in the bilateral knees with tenderness to palpation of the medial joint lines. Varus and valgus stress testing was negative bilaterally. Patellofemoral grind test was positive bilaterally. McMurray's test was negative bilaterally. Strength was 4 out of 5 with flexion and extension of the right knee. X-ray of the cervical spine on 4-13-2015 showed disc space narrowing at C5-6. X-rays of the bilateral knees on the same date were unremarkable. A request was made for one MRA of the bilateral

knees and one MRI of the cervical spine due to continued symptomology despite treatment; and Kera-Tek gel (methyl salicylate, menthol), 4 oz, for treatment of pain to allow improved activity levels and help restore function.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRA of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 373-374.

Decision rationale: The ACOEM chapter on knee complaints, states that MRI is indicated to determine the extent of ACL tear preoperatively. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Criteria per the ACOEM for ordering an MRI of the knee in the provided documentation for review have not been met. Therefore, the request is not medically necessary.

One MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the cervical spine and the request is not medically necessary.

Kera-Tek gel (methyl salicylate/menthol), 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 4, Chronic Pain Treatment Guidelines Topical Medications.

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

Decision rationale: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.