

Case Number:	CM15-0187290		
Date Assigned:	09/29/2015	Date of Injury:	09/22/2014
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 28 year old male, who sustained an industrial injury on September 22, 2014. The injured worker was diagnosed as having status post left knee partial medial meniscectomy, slightly antalgic gait pattern, and right knee sprain and strain secondary to compensation. Treatment and diagnostic studies to date has included at least two sessions of physical therapy, medication regimen, x-ray of the left leg, use of a walker boot, magnetic resonance imaging of the left knee, and home exercise program. In a progress note dated August 04, 2015 the treating physician reports complaints of persistent pain to the left knee that radiates to the left ankle that was noted to be "slightly worsening". On August 04, 2015 the injured worker's medication regimen included Motrin (Ibuprofen) since at least March of 2015. The injured worker's pain level on August 04, 2015 was noted to be an 8 with the use of his medication regimen on the visual analog scale and was rated a 4 with the use of his medication regimen on the visual analog scale, but the progress note did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. Examination performed on August 04, 2015 was revealing for decreased range of motion to the left knee and tenderness to the medial and lateral joint lines. On August 04, 2015 the treating physician requested Kera-Tek Gel (Methyl Salicylate-Menthol) 4oz. noting that the injured worker "has been intolerant to other treatment including medications and does remain significantly symptomatic", and has been prescribed this medication "to maintain the painful symptoms, restore activity levels and aid in functional restoration". The treating physician also requested a urine toxicology screen as part of his pain treatment agreement with the use of opioid therapy to

evaluate the injured worker's current level of prescription medication used to be used to compare with future medication management. However this progress note did not indicate the use of any opioid medication. On August 26, 2015 the Utilization Review determined the requests for Kera-Tek Gel (Methyl Salicylate-Menthol) 4oz and a urine toxicology screen to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel (Methyl Salicylate/Menthol) 4 Oz: Upheld

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): Topical Analgesics.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Kara-Tek Gel. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documents also state that Motrin is controlling the pain. The MTUS does not specifically address Kara-Tek Gel as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for Kara-Tek Gel is not medically necessary.

Urine Toxicology Screen: Upheld

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): Opioids for chronic pain.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a urine toxicology screen. MTUS guidelines state the following: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. The clinical documents state that the patient is not taking controlled substances. According to the clinical documentation provided and current MTUS guidelines; urine toxicology screen is not indicated as a medical necessity to the patient at this time.